```
1
                ATTENTION
                 EXAMPLE ONLY
        THESE POS RECORD SPECIFICATIONS WERE
        PRODUCED FROM OUR DICTIONARY AT THE
        SAME TIME AS THE POS DATA FILE THAT
        YOU REQUESTED. YOU MAY WISH TO CHECK
        THESE SPECIFICATIONS TO SEE IF ANY
        CHANGES HAVE OCCURED SINCE YOUR RECEIPT *
        OF ANY PRIOR DOCUMENTATION.
       FILE CREATION DATE = 04/03/2000
      POS RECORD LAYOUT
1DATE: 04/03/2000
                                                         PAGE: 1
              HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                     LEN START END TYPE SAS NAME
  CATEGORY - SUBTYPE OF PROVIDER
                               2 1 2 C PROV0085
   A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
    NURSING FACILITIES AND HOSPITALS.
    COBOL NAME: CATEGORY-SUBTYPE-IND
    VALUES: 01
                            SHORT TERM
            02
                           LONG TERM
            03
                           CHRISTIAN SCIENCE
            04
                           PSYCHIATRIC
            0.5
                            REHABILITATION
            0.6
                           CHILDRENS'
            07
                           ALCOHOL/DRUG
            0.8
                           PPS EXEMPT REHABILITATION
            09
                           PPS EXEMPT PSYCHIATRIC
            10
                           PPS EXEMPT ALCOHOL/DRUG
            11
                           CRITICAL ACCESS HOSPITALS
                                2 3 4 C
  CATEGORY OF PROVIDER/SUPPLIER
                                                         PROV0075
    IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
    PROVIDER OR SUPPLIER.
    COBOL NAME: CATEGORY
    VALUES: 01
                           HOSPITALS
  CHANGE OF OWNERSHIP COUNTER
                                       2 5 6 N PROV0095
```

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: CHOW-CNT

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

COBOL NAME: CHOW-DT

28 15 42 C PROV3225 CITY

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

COBOL NAME: CITY

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME COUNTY CODE 3 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY 10 48 57 C CROSS REFERENCE PROVIDER NUMBER PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 8 58 65 C CURRENT FMS SURVEY DATE PROV0500

8 66 73 C PROV2740 CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1

```
1 74 74 C PROV0455
   ELIGIBILITY CODE
     INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
     THE MEDICARE AND/OR MEDICAID PROGRAMS.
     COBOL NAME: ELIG-CD
     VALUES: 1
                                      ELIGIBLE TO PARTICIPATE
                                    NOT ELIGIBLE TO PARTICIPATE
                                                       38 75 112 C PROV0475
   FACILITY NAME
     THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
     PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
     COBOL NAME: FACILITY-NAME
   INTERMEDIARY NUMBER 5 113 117 C PROV0605
     A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
     SERVICING A PROVIDER OR SUPPLIER.
     COBOL NAME: INTER-CARRIER-NUM
                                BLUE CROSS (ALABAMA)
BLUE CROSS (ARKANSAS)
BLUE CROSS (ARIZONA)
BLUE CROSS (CALIFORNIA)
BLUE CROSS (CONNECTICUT)
BLUE CROSS (DELAWARE)
BLUE CROSS (FLORIDA)
BLUE CROSS (GEORGIA)
HEALTH CARE SERVICE CORPORATION
HCSC - MICHIGAN
HCSC OF MICHIGAN
BLUE CROSS (INDIANA)
ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY)
BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
     VALUES: 00010
                                      BLUE CROSS (ALABAMA)
                 00020
                 00030
                 00040
                 00060
                 00070
                 00090
                 00101
                 00121
                 00122
                 00123
                 00130
                 00131
                 00140
                 00150
                 00160
                 00180
                 00190
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                                PAGE: 3
                   HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)
   SHORT DESCRIPTION
                                                      LEN START END TYPE SAS NAME
                                    BLUE CROSS (MASSACHUSETTS)
                 00200
                               BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
BLUE CROSS (MISSISSIPPI)
BLUE CROSS (LOUISIANA)
BLUE CROSS (MISSOURI)
                 00210
                 00220
                 00230
                 00231
```

00241

00250	BLUE CROSS (MONTANA)
00260	BLUE CROSS (NEBRASKA)
00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
00280	BLUE CROSS (NEW JERSEY)
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	
00332	BLUE CROSS (NORTH DAKOTA) COMMUNITY MUTUAL INSURANCE CO BLUE CROSS (OKLAHOMA)
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE) BLUE CROSS (TEXAS)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00452	BLUE CROSS (WISCONSIN) UNITED GOVERNMENT SERVICE - MI
00460	BLOE CROSS (WICHING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT		8 PROV	118 IDE	125	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.	-	126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	R OR SUPPLI C OR ALPHAN	ER. UMERI	A PROVI C NUMBE	AS- DER R,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A P W	CURRENT STA ACCEPTED PENDING WORK	1 TUS O			С	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVI STATE IN WHICH THE PROVIDER I COBOL NAME: REGION VALUES: 01 02 03 04 05 06 07 08 09 10		ON ORK DELPH TA .GO .S .S CIT .R .ANCIS	Y FOR T		C	PROV1725
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETO ONLY A LIMITED SET OF THE PRO FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y		1 THIS IS AV	MEANS		С	PROV2045

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 153 154 C PROV3230 STATE ABBREVIATION

STATE ABBREVIATION

MP

MS

MT

MX

COBOL NAME: STATE-ABBREV	
VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
${ t FL}$	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI

SAIPAN

MONTANA

MEXICO

MISSISSIPPI

```
ND
                             NORTH DAKOTA
            NE
                             NEBRASKA
            NH
                             NEW HAMPSHIRE
            NJ
                             NEW JERSEY
            NM
                             NEW MEXICO
            NV
                             NEVADA
            NY
                             NEW YORK
            OH
                            OHIO
            OK
                             OKLAHOMA
            OR
                             OREGON
            PA
                             PENNSYLVANIA
                           PUERTO RICO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
            HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                    LEN START END TYPE SAS NAME
            RI
                             RHODE ISLAND
            SC
                             SOUTH CAROLINA
            SD
                             SOUTH DAKOTA
            TN
                             TENNESSEE
            TX
                             TEXAS
            UT
                             UTAH
            VA
                             VIRGINIA
            VI
                             VIRGIN ISLANDS
            VT
                             VERMONT
            WA
                             WASHINGTON
            WΙ
                             WISCONSIN
            WV
                             WEST VIRGINIA
            WY
                             WYOMING
                  2 155 156 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                             ALABAMA
            02
                             ALASKA
            03
                             ARIZONA
            04
                             ARKANSAS
            05
                             CALIFORNIA
            06
                             COLORADO
            07
                            CONNECTICUT
```

DELAWARE

NORTH CAROLINA

NC

08

09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT

4.0	VIIDATV TALVUDA
48	VIRGIN ISLANDS
49	VIRGINIA
50 51	WASHINGTON WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
STATES REGION CODE FOR SELECTED STATES, IDE WITHIN THE STATE WHERE T COBOL NAME: STATE-REGION	
STREET ADDRESS	50 160 209 C PROV2720
	IDER THAT IS CERTIFIED TO MEDICAID SERVICES.
TELEPHONE NUMBER	10 210 219 C PROV1605
THE 10 DIGIT TELEPHONE N THE OPERATOR OF A PROVID COBOL NAME: PHONE-NUM	UMBER OF THE PRIMARY CONTACT OR ER.
TERMINATION CODE # 1	2 220 221 C PROV4770
TERMINATION CODE #1, THE	REASON A FACILITY HAS BEEN , MEDICARE AND/OR MEDICAID
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE
1DATE: 04/03/2000	EEN ADDED OR CHANGED SINCE: 01/04/2000 POS RECORD LAYOUT PAGE: 8 ATEGORY = "01" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG
TERMINATION DATE/EXPIRATIO	N DATE 1 8 222 229 C PROV4500

TYPE OF ACTION		1	230	230	С	PROV28
IDENTIFIES THE PURPOSE FO	R WHICH THE CER	TIFICA	ATION AN	ND		
TRANSMITTAL FORM WAS PREPA	ARED.					
COBOL NAME: TYPE-ACTION						
VALUES: 1	INITIAL					
2	RECERTIFIC.					
3	TERMINATIO					
4	CHANGE OF			> T (2 1 1		
5	VALIDATION	(ACCI	RED HOSI	ZITAL)		
TYPE OF CONTROL		2	231	232	С	PROV28
INDICATES THE NATURE OF T	HE ORGANIZATION	THAT	OPERATI	ES		
A PROVIDER OF SERVICES.						
COBOL NAME: TYPE-CONTROL						
VALUES: 01	VOLUNTARY					
02	VOLUNTARY					
03	VOLUNTARY		ROFIT -	OTHER		
04	PROPRIETAR					
05	GOVERNMENT					
0 6 0 7	GOVERNMENT GOVERNMENT					
08	GOVERNMENT GOV HOS			עייווע		
00	GOV. 1103	E. DI	51. OK 1	10111.		
ZIP CODE			233	237	С	PROV29
THE FIVE DIGIT POSTAL COD	E FOR THE PROVI	DER.				
COBOL NAME: ZIP-CD					_	
FIPS STATE CODE		2	238	239	C	FIPSTA
FIPS STATE CODE						
COBOL NAME: WS-FIPS-STATE		3	240	242	0	FIPCNT
FIPS COUNTY CODE FIPS COUNTY CODE		3	240	242	C	FIPCNI
COBOL NAME: WS-FIPS-CNTY						
SSA MSA CODE		3	243	245	С	SSAMSA
SSA MSA CODE		J	210	240	C	DOMINO
COBOL NAME: WS-SSA-MSA-CD						
SSA MSA SIZE CODE		1	246	246	С	SSAMSA
SSA MSA SIZE CODE		_	210	210	Ü	0011101
COBOL NAME: WS-SSA-MSA-SI	ZE CD					

SHORT DESCRIPTION

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME

ACCREDITATION EFFECTIVE DATE THE EFFECTIVE DATE OF THE CUR ACCREDITATION BY THE JOINT CO	MMISSION ON	OF ACCRED	ITATIO		С	PROV0000
OF HEALTH CARE ORGANIZATIONS OSTEOPATHIC ASSOCIATION (AOA)	'	ne AME	RICAN			
COBOL NAME: ACCRED-EFF-DT	•					
ACCREDITATION EXPIRATION DATE		8	255	262	С	PROV0005
THE EXPIRATION DATE OF THE CU	RRENT PERIOD	OF				
ACCREDITATION BY THE JOINT CO						
OF HEALTH CARE ORGANIZATIONS		HE AME	RICAN			
OSTEOPATHIC ASSOCIATION (AOA)	•					
COBOL NAME: ACCRED-EXP-DT ACCREDITATION INDICATOR		1	263	263	C	PROV0010
INDICATES THE ORGANIZATION TH	AT IS RESPON			203	C	FROVOOIO
THE ACCREDITATION OF THE PROV		CIDED .				
COBOL NAME: ACCRED-STAT						
VALUES: 0	NONE					
1	JCAHO					
_	AOA					
4	BOTH					
ALCOHOL/DRUG UNIT BEDS		3	264	266	NT	PROV0040
THE NUMBER OF BEDS IN A PPS E	XEMPT ALCOHO				IN	1100000
A HOSPITAL.	11200110	2, 21.00	01,11	-		
COBOL NAME: ALCOH-DRG-UNIT-BE	D-SZ					
ALCOHOL/DRUG UNIT EFFECTIVE DAT	E	8	267	274	С	PROV0045
THE DATE AN ALCOHOL/DRUG UNIT	BECAME EXEM	IPT FROI	M THE			
PROSPECTIVE PAYMENT SYSTEM (P	*					
COBOL NAME: ALCOH-DRG-UNIT-EF	F-DT					
ALCOHOL/DRUG UNIT INDICATOR				275	С	PROV0050
INDICATES IF A HOSPITAL HAS A	PPS EXEMPT	ALCOHO:	L/DRUG			
UNIT.	D					
COBOL NAME: ALCOH-DRG-UNIT-IN VALUES: Y	D ALC/DRG UNI	T				
VALUES. I	ALC/DRG UNI	. 1				
ALCOHOL/DRUG UNIT TERMINATION C	ODE	1	276	276	С	PROV0055
INDICATES THE REASON THAT AN			IS NO			
LONGER EXEMPT FROM THE PROSPE	CTIVE PAYMEN	T SYST	EM.			
COBOL NAME: ALCOH-DRG-UNIT-TE	RM-CD					
VALUES: 0	ACTIVE					
1	VOLUNTARY-M					
2	VOLUNTARY-D					IMBURSEMENT
3	RISK OF INV		KY TERI	TANLE	ION	
4 5	VOLUNTARY-C FAILURE TO		באד הם /	C 7 EEM	v	
6	FAILURE TO				_	
O Company	1111101(11 10	THUL A	الللانيين			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

* INDICATES THIS FIELD HAS BEEN ADDED OR CH 1DATE: 04/03/2000 POS RECORD LA HOSPITALS, CATEGORY = "01"	YOUT				PAGE: 10
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
ALCOHOL/DRUG UNIT TERMINATION DATE THE DATE AN ALCOHOL/DRUG UNIT'S EXEMPTI PROSPECTIVE PAYMENT SYSTEM IS TERMINATE COBOL NAME: ALCOH-DRG-UNIT-TERM-DT	ON FRO		284	С	PROV0060
BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, INC IN NON-PARTICIPATING OR NON-LICENSED AR COBOL NAME: NUM-BEDS			288	N	PROV0740
BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDIC AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS				N	PROV0755
CERTIFIED RN ANESTHETISTS NUMBER OF FULL-TIME EQUIVALENT CERTIFIE NURSE ANESTHETISTS (CRNA) EMPLOYED BY A COBOL NAME: NUM-CERT-RN-ANEST	D REGI		299	N	PROV0760
CLIA - HOSP LAB ID #1 NUMBER ASSIGNED TO A HOSPITAL LABORATOR ACCORDANCE WITH THE CLINICAL LABORATORY ACT (CLIA). COBOL NAME: CLIA-ID-NUM-A	Y LICE			С	PROV0130
CLIA - HOSP LAB ID #2 NUMBER ASSIGNED TO A HOSPITAL LABORATOR ACCORDANCE WITH THE CLINICAL LABORATORY ACT (CLIA). COBOL NAME: CLIA-ID-NUM-B	Y LICE			С	PROV0135
CLIA - HOSP LAB ID #3 NUMBER ASSIGNED TO A HOSPITAL LABORATOR ACCORDANCE WITH THE CLINICAL LABORATORY ACT (CLIA). COBOL NAME: CLIA-ID-NUM-C	Y LICE	NSED IN		С	PROV0140
CLIA - HOSP LAB ID #4 NUMBER ASSIGNED TO A HOSPITAL LABORATOR ACCORDANCE WITH THE CLINICAL LABORATORY ACT (CLIA). COBOL NAME: CLIA-ID-NUM-D		NSED IN		С	PROV0145
CLIA - HOSP LAB ID #5	10	340	349	С	PROV0150

NUMBER ASSIGNED TO A HOSPITAL LABORATORY LICENSED IN ACCORDANCE WITH THE CLINICAL LABORATORY IMPROVEMENT

ACT (CLIA).

COBOL NAME: CLIA-ID-NUM-E

COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

COMPLIANCE: SCOPE OF SERVICE 1 351 C PROV0280

INDICATES IF A WAIVER OF THE SCOPE OF SERVICES

REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL.

COBOL NAME: COMPL-SCOPE-OF-SERV

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: TECHNICAL PERSONNEL 1 352 352 C PROV0285

INDICATES IF A WAIVER OF THE TECHNICAL PERSONNEL

REQUIREMENT HAS BEEN RECOMMENDED FOR A HOSPITAL.

COBOL NAME: COMPL-TECH-PERSNL

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 353 353 C PROV0290

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

CURRENT SURVEY EVER ACCREDITED 1 354 354 C PROV3545

INDICATES IF THIS PROVIDER WAS AN ACCREDITED HOSPITAL

ANYTIME DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-ACCRED

VALUES: N NO

Y YES

CURRENT SURVEY EVER NON-ACCRED 1 355 355 C PROV3555

INDICATES IF THIS PROVIDER WAS A NON-ACCREDITED

HOSPITAL ANYTINE DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-NON-ACCRED

VALUES: N NO

Y YES

CURRENT SURVEY EVER SWINGBED 1 356 356 C PROV3550

INDICATES IF THIS PROVIDER WAS A SWINGBED HOSPITAL

ANYTIME DURING THE CURRENT SURVEY.

COBOL NAME: CURRENT-EVER-SWINGBED

VALUES: N NO

Y YES

DATE OF VALIDATION SURVEY 8 357 364 C PROV0450

DATE A VALIDATION SURVEY IS PERFORMED BY THE STATE

AGENCY IN A JCAH OR AOA ACCREDITED HOSPITAL.

COBOL NAME: DT-VALID-SURVEY

DIETICIANS 7.2 365 371 N PROV0820

NUMBER OF FULL-TIME EOUIVALENT DIETICIANS EMPLOYED BY A

FACILITY.

COBOL NAME: NUM-DIETICIANS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

INHALATION THERAPISTS 7.2 376 382 N PROV0950

NUMBER OF FULLTIME EQUIVALENT INHALATION THERAPISTS

EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-INHAL-THERAPY

LICENSED PRACT/VOCAT NURSES 7.2 383 389 N PROV0955

NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR

VOCATIONAL NURSES EMPLOYED BY A FACILITY.

COBOL NAME: NUM-LPN-LVN

MEDICAL SCHOOL AFFILIATION 1 390 390 C PROV0645

THE TYPE OF AFFILIATION THAT A HOSPITAL MAY HAVE WITH

A MEDICAL SCHOOL.

COBOL NAME: MED-SCHL-AFF

VALUES: 1 MAJOR

2 LIMITED

3 GRADUATE

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM 1 406 406 C MEETS 1861 DEFINITION PROV0670 INDICATES IF AN EMERGENCY HOSPITAL MEETS THE DEFINITION OF "HOSPITAL" CONTAINED IN SECTION 1861 OF THE SOCIAL SECURITY ACT. COBOL NAME: MEETS-1861 VALUES: Y MEETS 1861(E)(1) OCCUPATIONAL THERAPISTS 7.2 407 413 N PROV1050 THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-OCCUP-THERAPISTS 7.2 414 420 N PROV1075 OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL PARTICIPATING CODE (Y,N) 1 421 421 C PROV1575 THIS CODE INDICATES WHETHER A PROVIDER IS PARTICIPATING IN THE MEDICAID OR MEDICARE PROGRAM. COBOL NAME: PARTICIPATING-CD VALUES: N NON-PARTICIPATING PROVIDER
Y PARTICIPATING PROVIDER * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 7.2 422 428 N PHYSICAL THERAPISTS PROV1125 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHYS-THERAPY PHYSICIAN ASSISTANTS 7.2 429 435 N PROV1115 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC. COBOL NAME: NUM-PHYS-ASSIST 6 436 441 C PROV1520 PPS PREVIOUS PROVIDER NUMBER A PROVIDER NUMBER PREVIOUSLY ASSIGNED TO A PPS EXEMPT

PROVIDER OR UNIT.

COBOL NAME: OLD-PROV-NUM

PROGRAM PARTICIPATION 1 442 442 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY MEDICARE AND MEDICAID

PSYCHIATRIC UNIT BEDS 3 443 445 N PROV1690

THE NUMBER OF BEDS IN A PPS EXEMPT PSYCHIATRIC UNIT OF

A HOSPITAL.

COBOL NAME: PSY-UNIT-BED-SZ

PSYCHIATRIC UNIT EFFECTIVE DATE 8 446 453 C PROV1695

THE DATE A PSYCHIATRIC UNIT BECAME EXEMPT FROM THE

PROSPECTIVE PAYMENT SYSTEM (PPS).

COBOL NAME: PSY-UNIT-EFF-DT

1 454 454 C PROV1700 PSYCHIATRIC UNIT INDICATOR

INDICATES IF A HOSPITAL HAS A PPS EXEMPT PSYCHIATRIC

UNIT.

COBOL NAME: PSY-UNIT-IND

VALUES: Y PSYCH UNIT

PSYCHIATRIC UNIT TERMINATION CODE 1 455 455 C PROV1705

INDICATES THE REASON THAT A PSYCHIATRIC UNIT IS NO

LONGER EXEMPT FROM PPS.

COBOL NAME: PSY-UNIT-TERM-CD

VALUES: 0 ACTIVE

> 1 VOLUNTARY-MERGER OR CLOSURE

VOLUNTARY-DISSATISFIED WITH REIMBURSEMENT

RISK OF INVOLUNTARY TERMINATION

VOLUNTARY-OTHER

FAILURE TO MEET HEALTH/SAFETY

FAILURE TO MEET AGREEMENT

PROVIDER STATUS CHANGE

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 14

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PSYCHIATRIC UNIT TERMINATION DATE 8 456 463 C PROV1710

THE DATE A PSYCHIATRIC UNIT IS NO LONGER EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: PSY-UNIT-TERM-DT REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED REGIONAL OVERRIDE #2 (STAFFING) 1 465 465 C PROV1550 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS BEEN APPROVED REGIONAL OVERRIDE #3 (NURSE - BED) 1 466 466 C PROV1555 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-3 VALUES: Y RECORD HAS BEEN APPROVED REGISTERED NURSES 7.2 467 473 N PROV1145 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS 7.2 474 480 N REGISTERED PHARMACISTS PROV1100 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PHARMACISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-PHARMACIST-REG REHABILITATION UNIT BEDS 3 481 483 N PROV1730 THE NUMBER OF BEDS IN A PPS EXEMPT REHABILITATION UNIT OF A HOSPITAL. COBOL NAME: REHAB-UNIT-BED-SZ REHABILITATION UNIT EFFECT DATE 8 484 491 C PROV1735 THE DATE A REHABILITATION UNIT BECAME EXEMPT FROM THE PROSPECTIVE PAYMENT SYSTEM. COBOL NAME: REHAB-UNIT-EFF-DT REHABILITATION UNIT INDICATOR 1 492 492 C PROV1740 INDICATES IF A HOSPITAL HAS A PPS EXEMPT REHABILITATION

UNIT.

COBOL NAME: REHAB-UNIT-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED DATE: 04/03/2000 POS REC HOSPITALS, CATEGORY =	CORD LAYOUT				PAGE: 15
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
Y REF	HAB UNIT				
1 VOI 2 VOI	FOR A HOSPI OF ITS EXCI	ITAL LUSION ER OR CLO ATISFIED	OSURE WITH	REIMB	
4 VOI 5 FAI 6 FAI	JUNTARY-OTHER LURE TO MEET LURE TO MEET OVIDER STATUS	R 「 HEALTH, 「 AGREEMI	/SAFE1		
REHABILITATION UNIT TERMINAT DATE THIS ELEMENT IS THE DATE THE HOSE UNIT IS NO LONGER EXCLUDED FROM E SYSTEM. COBOL NAME: REHAB-UNIT-TERM-DT	PITAL'S PSYCH	HIATRIC	501	С	PROV1750
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDE MORE THAN ONE DISTINCT PROVIDER, S DISTINCT PART LONG TERM CARE. THE WILL BE THE PROVIDER NMBR OF THE COBOL NAME: RELATED-PROV-NUM	ER'S FACILITY SUCH AS A HOS HE NUMBER IN	CONTAIN SPITAL WI THIS FIN	NS ITH ELD	С	PROV1755
			512	С	PROV1805
RESIDENT PROGRAM APPROVED BY AMA INDICATES IF THE RESIDENT PROGRAM APPROVED BY THE AMERICAN MEDICAL COBOL NAME: RES-PGM-APPR-AMA VALUES: N NOT	AT A HOSPIT	TAL IS	513	С	PROV1810

Y APPROVED

RESIDENT PROGRAM APPROVED BY AOA 1 514 C PROV1815

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS

APPROVED BY THE AMERICAN OSTEOPATHIC ASSOCIATION.

COBOL NAME: RES-PGM-APPR-AOA

VALUES: N NOT APPROVED

Y APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 16

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RESIDENT PROGRAM APPROVED BY OTHER 1 515 515 C PROV1820

INDICATES IF THE RESIDENT PROGRAM AT A HOSPITAL IS

APPROVED BY OTHER PROFESSIONAL ORGANIZATIONS.

COBOL NAME: RES-PGM-APPR-OTHER

VALUES: N NOT APPROVED

Y APPROVED

RESIDENTS (PHYSICIANS) 7.2 516 522 N PROV1165

THE NUMBER OF FULL-TIME EQUIVALENT RESIDENTS

(PHYSICIANS) EMPLOYED BY A HOSPITAL.

COBOL NAME: NUM-RESID-PHYS

SEPARATE COST ENTITY INDICATOR 1 523 523 C PROV2040

INDICATES IF A HOSPITAL HAS A UNIT IDENTIFIED AS A

SEPARATE COST ENTITY.

COBOL NAME: SEP-COST-ENTITY-IND

VALUES: Y SEPARATE COST ENTITY

SRV: ACUTE RENAL DIALYSIS 1 524 524 C PROV2055

INDICATES HOW ACUTE RENAL DIALYSIS SERVICES ARE

PROVIDED IN A HOSPITAL.

COBOL NAME: SP-ACUTE-REN-DIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: ALCOHOL AND/OR DRUG 1 525 525 C PROV2065

INDICATES HOW ALCOHOL AND/OR DRUG SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-ALCOH-DRUG

VALUES: 0 1 2 3		NOT PROVI PROVIDED PROVIDED PROVIDED	BY STA	ARRANGE		ARRAN	GEMENT
	IA DW ANESTHESIA SERVI	ICES ARE I				С	PROV2070
HOSPITAL.	CD ANECELI						
COBOL NAME:		NOW DDOI!	- DED				
VALUES: 0		NOT PROVI					
1		PROVIDED					
2		PROVIDED					CENTENIE.
3		PROVIDED	BY STA	F.F. AND	UNDER	ARRAN	GEMEN'I'
SRV: BLOOD BA	NK		1	527	527	С	PROV5675
HOSPITAL.	HOW BLOOD BANK SERV	ICES ARE	PROVID:	ED BY A	Δ		
* INDICATES THI 1DATE: 04/03/200	S FIELD HAS BEEN AI O POS HOSPITALS, CATEGOR	RECORD LA	TUOYA				PAGE: 17
SHORT DESCRIP	TION		LEN	START	END	TYPE	SAS NAME
0		NOT PROVE	IDED				
1		PROVIDED		FF			
2		PROVIDED	UNDER .	ARRANGE	CMENT		
3		PROVIDED	BY STA	FF AND	UNDER	ARRAN	GEMENT
SRV: BURN CAR INDICATES H BY A HOSPIT	OW BURN CARE UNIT S	SERVICES A			528	С	PROV2090
COBOL NAME:	SP-BURN-UNIT						
VALUES: 0		NOT PROVE	IDED				
1		PROVIDED	BY STA	FF			
2		PROVIDED	UNDER .	ARRANGE	CMENT		
3		PROVIDED	BY STA	FF AND	UNDER	ARRAN	GEMENT
SRV: CHIROPRA	CTIC		1	529	529	С	PROV2100
INDICATES H	OW CHIROPRACTIC SER	NICES ARE	Z DDOME	DED BY	A		
		(ATCED VIV	r PROVI				
HOSPITAL.		(VICES AIG	E PROVI				
	SP-CHIROPRATIC	WICES AN	E PROVI				
		NOT PROVI					
COBOL NAME:			IDED	FF			

PROVIDED BY STAFF AND UNDER ARRANGEMENT 1 530 530 C PROV2110 SRV: CORONARY CARE UNIT INDICATES HOW CORONARY CARE UNIT SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-CORONARY-CARE VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT 1 531 531 C PROV2120 SRV: DENTAL INDICATES HOW DENTAL SERVICES ARE PROVIDED. COBOL NAME: SP-DENTAL VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT 1 532 532 C PROV2130 SRV: DIETARY INDICATES HOW DIETARY SERVICES ARE PROVIDED. COBOL NAME: SP-DIETARY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 18 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SRV: EMERGENCY SERVICES (ORGANIZED) 1 533 533 C PROV2140 INDICATES HOW ORGANIZED EMERGENCY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-EMERG-DEPT VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

1 534 534 C PROV2160

SRV: HOME CARE UNIT

HOSPITAL.

INDICATES HOW HOME CARE SERVICES ARE PROVIDED BY A

COBOL NAME: SP-HOME-CARE-UNIT

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: HOSPICE 1 535 535 C PROV2175

INDICATES HOW HOSPICE SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-HOSPICE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: INPATIENT SURGICAL 1 536 536 C PROV2190

INDICATES HOW INPATIENT SURGICAL SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-INPAT-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: INTENSIVE CARE UNIT 1 537 537 C PROV2185

INDICATES HOW INTENSIVE CARE UNIT SERVICES ARE PROVIDED

BY A HOSPITAL.

COBOL NAME: SP-ICU

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 19

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: LABORATORY (ANATOMICAL) 1 538 538 C PROV2205

INDICATES HOW ANATOMICAL LABORATORY SERVICES ARE

PROVIDED IN A HOSPITAL.

COBOL NAM	ME: SP-LABORATORY-ANA	TOM NOT PROVIDED
		PROVIDED BY STAFF
		PROVIDED BI STAFF PROVIDED UNDER ARRANGEMENT
		PROVIDED ONDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT
	3	PROVIDED BI STAFF AND UNDER ARRANGEMENT
	ATORY (CLINICAL) S HOW CLINICAL LABORA	1 539 539 C PROV2210 TORY SERVICES ARE PROVIDED
IN A HOSE	PITAL.	
COBOL NAM	ME: SP-LABORATORY-CLI	NIC
VALUES:	0	NOT PROVIDED
	1	PROVIDED BY STAFF
	1 2	PROVIDED UNDER ARRANGEMENT
		PROVIDED BY STAFF AND UNDER ARRANGEMENT
SRV: LONG T	ERM CARE UNIT	1 540 540 C PROV2215
INDICATES	HOW LONG TERM CARE	UNIT SERVICES ARE PROVIDED
IN A HOSE	PITAL.	
	ME: SP-LTC-UNIT	
VALUES:		NOT PROVIDED
		PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT
SRV: NEONAT	CAL NURSERY	1 541 541 C PROV2235
INDICATES	S HOW NEONATAL NURSER	Y SERVICES ARE PROVIDED
BY A HOSE	PITAL.	
COBOL NAM	ME: SP-NEONATAL-NURS	
VALUES:	0	NOT PROVIDED
		PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT
INDICATES		1 542 542 C PROV2245 NE SERVICES ARE PROVIDED
BY A HOSE		
	ME: SP-NUCLEAR-MED	NOT DROUTDED
VALUES:		NOT PROVIDED
		PROVIDED BY STAFF
	2	PROVIDED UNDER ARRANGEMENT
	3	PROVIDED BY STAFF AND UNDER ARRANGEMENT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OBSTETRICS 1 543 543 C PROV2265

INDICATES HOW OBSTETRICS SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OBSTETRICS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: OCCUPATIONAL THERAPY 1 544 544 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: OPEN HEART SURGERY FACILITY 1 545 545 C PROV2285

INDICATES HOW OPEN HEART SURGERY FACILITY SERVICES ARE

PROVIDED BY A HOSPITAL.

COBOL NAME: SP-OPEN-HEART-SURG

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: OPERATING ROOMS 1 546 546 C PROV2300

INDICATES HOW OPERATING ROOM SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OR-ROOMS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: OPTOMETRIC 1 547 547 C PROV2295

INDICATES HOW OPTOMETRIC SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-OPTOMETRIC

VALUES: 0 NOT PROVIDED

1 2 3	PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT			
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 21 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)				
SHORT DESCRIPTION	LEN START END TYPE SAS NAME			
SRV: ORGAN BANK INDICATES HOW ORGAN BANK SERV HOSPITAL.	1 548 548 C PROV2310 VICES ARE PROVIDED BY A			
COBOL NAME: SP-ORGAN-BANK VALUES: 0 1 2 3	NOT PROVIDED PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: ORGAN TRANSPLANT INDICATES HOW ORGAN TRANSPLAN A HOSPITAL. COBOL NAME: SP-ORGAN-TRANS	1 549 549 C PROV2315 T SERVICES ARE PROVIDED BY			
VALUES: 0	NOT PROVIDED			
1 2	PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT			
3	PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: OUTPATIENT INDICATES HOW OUTPATIENT SERV HOSPITAL.	1 550 550 C PROV2350 VICES ARE PROVIDED BY A			
COBOL NAME: SP-OUTPAT VALUES: 0 1 2 3	NOT PROVIDED PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT			
SRV: OUTPATIENT SURGERY UNIT 1 551 551 C PROV2355 INDICATES HOW OUTPATIENT SURGERY UNIT SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-OUTPAT-SURG				
VALUES: 0	NOT PROVIDED			

1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: PEDIATRIC 1 552 552 C PROV2360 INDICATES HOW PEDIATRIC SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-PEDIATRIC VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY STAFF AND UNDER ARRANGEMENT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SRV: PHARMACY 1 553 553 C PROV2365 INDICATES HOW PHARMACY SERVICES ARE PROVIDED. COBOL NAME: SP-PHARMACY NOT PROVIDED VALUES: 0 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: PHYSICAL THERAPY 1 554 554 C PROV2370 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION SRV: POSTOPERATIVE RECOVERY ROOM 1 555 555 C PROV2410 INDICATES HOW POSTOPERATIVE RECOVERY ROOM SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-POSTOP-REC-RM VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT

PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: PSYCHIATRIC 1 556 556 C PROV2415 INDICATES HOW PSYCHIATRIC SERVICES ARE PROVIDED BY A COBOL NAME: SP-PSYCHIATRIC VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: RADIOLOGY (DIAGNOSTIC) 1 557 557 C PROV2440 INDICATES HOW DIAGNOSTIC RADIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-RADIOLOGY-DIAG VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: RADIOLOGY (THERAPEUTIC) 1 558 558 C PROV2445 INDICATES HOW THERAPEUTIC RADIOLOGY SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-RADIOLOGY-THERAPY VALUES: 0 NOT PROVIDED * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23 HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT PROVIDED BY STAFF AND UNDER ARRANGEMENT SRV: REHABILITATION 1 559 559 C PROV2450 INDICATES HOW REHABILITATION SERVICES ARE PROVIDED BY A HOSPITAL. COBOL NAME: SP-REHABIL VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT

SRV: SELF CARE UNIT

PROVIDED BY STAFF AND UNDER ARRANGEMENT

1 560 560 C PROV2470

INDICATES HOW SELF CARE UNIT SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-SELF-CARE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SHOCK TRAUMA 1 561 C PROV2475

INDICATES HOW SHOCK TRAUMA SERVICES ARE PROVIDED BY A

HOSPITAL.

COBOL NAME: SP-SHOCK-TRAUMA

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SOCIAL 1 562 562 C PROV2485

INDICATES HOW SOCIAL SERVICES ARE PROVIDED.

COBOL NAME: SP-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 PROVIDED BY STAFF AND UNDER ARRANGEMENT

SRV: SPEECH PATHOLOGY 1 563 563 C PROV2505

INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-SPEECH-PATH

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SWING BED INDICATOR 1 564 564 C PROV2795

INDICATES IF A HOSPITAL PROVIDES SWING BED SERVICES -

BEDS CAN BE USED FOR EITHER HOSPITAL OR LONG TERM CARE

SERVICES.

COBOL NAME: SWINGBED-IND

NO VALUES: N YES 1 565 565 C PROV2800 SWING BED SIZE CODE INDICATES THE SIZE OF A HOSPITAL PROVIDING SWING BED SERVICES. COBOL NAME: SWINGBED-SIZE-CD VALUES: 1 49 OR FEWER BEDS 50 TO 99 BEDS TYPE OF FACILITY 2 566 567 C PROV2890 INDICATES THE CATEGORY WHICH REPRESENTS THE TYPE OF FACILITY. COBOL NAME: TYPE-FACILITY VALUES: 01 SHORT - TERM LONG - TERM 02 03 CHRISTIAN SCIENCE SANITORIUM 0.4 PSYCHIATRIC 0.5 REHABILITATION 06 CHILDRENS 0.7

TYPE OF NON-PARTICIPATING PROVIDER 1 568 568 C PROV0690

ALCOHOL AND/OR DRUG HOSPITAL

CRITICAL ACCESS HOSPITALS

INDICATES WHETHER A NON-PARTICIPATING HOSPITAL IS

FEDERAL OR OTHER THAN FEDERAL.

11

COBOL NAME: NON-PARTICIPATING-TYPE

VALUES: E EMERGENCY HOSPITAL NON-FEDERAL F EMERGENCY HOSPITAL FEDERAL

SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1441 1447 N PROV1220

THE NUMBER OF FULL-TIME EOUIVALENT SPEECH PATHOLOGISTS

OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

TOTAL # OF EMPLOYEES 9.2 1577 1585 N PROV2850

THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL RECORDS.

COBOL NAME: TOT-EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25

HOSPITALS, CATEGORY = "01" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
PHYSICIANS THE NUMBER OF FULL-TIME EQUIVALE BY A PROVIDER.				0 N	PROV1110
COBOL NAME: NUM-PHYS					
SRV: RESPIRATORY CARE	1	1651	165	1 C	PROV2455
INDICATES HOW RESPIRATORY CARE S COBOL NAME: SP-RESP-CARE	ERVICES ARE P	ROVIDED	•		
VALUES: 0 NO	T PROVIDED				
1 PR	OVIDED BY STA	FF			
2 PR	OVIDED UNDER 2	ARRANGE	MENT		
3 PR	OVIDED BY STA	FF AND	UNDER	ARRAN	IGEMENT
MEDICAL SOCIAL WORKERS NUMBER OF FULL-TIME EQUIVALENT M				4 N	PROV0975

EMPLOYED BY A HOSPITAL OR HOSPICE. COBOL NAME: NUM-MED-SOCIAL-WRKS

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 TITLE 18 ONLY 0.3 TITLE 18/19 CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 02 SNF/NF (DUALLY CERTIFIED) CHANGE OF OWNERSHIP COUNTER PROV0095 THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT 8 7 14 C CHANGE OF OWNERSHIP DATE PROV0100 EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT CITY 28 15 42 C PROV3225 CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED. COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC 44 44 C PROV2715 COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY
IS LOCATED.
COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.
COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500
CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00010 BLUE CROSS (ALABAMA)

00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA)

00060 BLUE CROSS (CONNECTICUT)

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00070
                                  BLUE CROSS (DELAWARE)
               00090
                                  BLUE CROSS (FLORIDA)
               00101
                                  BLUE CROSS (GEORGIA)
               00121
                                  HEALTH CARE SERVICE CORPORATION
               00122
                                  HCSC - MICHIGAN
               00123
                                  HCSC OF MICHIGAN
               00130
                                  BLUE CROSS (INDIANA)
               00131
                                  ADMINISTAR FEDERAL (CHICAGO)
               00140
                                  BLUE CROSS (IOWA/SOUTH DAKOTA)
               00150
                                  BLUE CROSS (KANSAS)
                                 BLUE CROSS (KENTUCKY)
               00160
               00180
                                 BLUE CROSS (MAINE)
                               BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
               00190
               00200
               00210
                                BLUE CROSS (MICHIGAN)
               00220
                                BLUE CROSS (MINNESOTA)
                               BLUE CROSS (MISSISSIPPI)
BLUE CROSS (LOUISIANA)
BLUE CROSS (MISSOURI)
               00230
               00231
               00241
                               BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
               00250
               00260
               00270
               00280
                                 BLUE CROSS (NEW JERSEY)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
         SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                              LEN START END TYPE SAS NAME
               00290
                                  BLUE CROSS (NEW MEXICO)
               00308
                                  BLUE CROSS (EMPIRE)
               00310
                                 BLUE CROSS (NORTH CAROLINA)
               00320
                                 BLUE CROSS (NORTH DAKOTA)
               00332
                                 COMMUNITY MUTUAL INSURANCE CO
               00340
                                 BLUE CROSS (OKLAHOMA)
               00350
                                BLUE CROSS (OREGON)
               00351
                                 BLUE CROSS (OREGON) (IDAHO CLAIMS)
               00362
                                 BLUE CROSS (INDEPENDENCE)
               00363
                                  BLUE CROSS (WESTERN PENNSYLVANIA)
               00370
                                  BLUE CROSS (RHODE ISLAND)
               00380
                                  BLUE CROSS (SOUTH CAROLINA)
               00390
                                 BLUE CROSS (TENNESSEE)
               00400
                                 BLUE CROSS (TEXAS)
               00410
                                BLUE CROSS (UTAH)
               00423
                                BLUE CROSS (VIRGINIA/WEST VA)
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00452 UNITED GOVERNMENT SERVICE - MI 00460 BLUE CROSS (WYOMING) 00468 BLUE CROSS (NORTH CAROLINA FOR PR) 00511 CAHABA 00952 WISCONSIN PHYSICIAN SERVICES - IL 00953 WISCONSIN PHYSICIAN SERVICES - MI 01390 AETNA (WASHINGTON) 17120 HAWAII MEDICAL SERVICE ASSOCIATION 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO (MAINE) 31144 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (PETALUMA) 51070 AETNA (FARMINGTON) 51100 AETNA (FARMINGTON) 51100 AETNA (FORT WASHINGTON) 51280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 18 18 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM PROVIDER NUMBER 6 10 139 148 C PROV1620	00450	BLUE CROSS (WISCONSIN)				
00468 BLUE CROSS (NORTH CAROLINA FOR PR) 00551 CAHABA 00952 WISCONSIN PHYSICIAN SERVICES - IL 00953 WISCONSIN PHYSICIAN SERVICES - MI 01390 AETNA (WASHINGTON) 17120 HAWAII MEDICAL SERVICE ASSOCIATION 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO (MAINE) 31144 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (PETALUMA) 51070 AETNA (FARMINGTON) 51100 AETNA (FARMINGTON) 51140 AETNA (FORT WASHINGTON) 51390 AETNA (FORT WASHINGTON) 52280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 118 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 PARTICIPATION SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-CHARREDRAN NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	00452	UNITED GOVERNMENT SERVICE - MI				
00511	00460	BLUE CROSS (WYOMING)				
00952 WISCONSIN PHYSICIAN SERVICES - IL 00953 WISCONSIN PHYSICIAN SERVICES - MI 01390 AETNA (WASHINGTON) 17120 HAWAII MEDICAL SERVICE ASSOCIATION 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO (MAINE) 31144 NATIONAL HERITAGE INSURANCE CO (MAINE) 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (FERBURNATER) 51070 AETNA (FARMINGTON) 51100 AETNA (FERBURNATER) 51140 AETNA (FERBURNATER) 51140 AETNA (FORT WASHINGTON) 52280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 118 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	00468	BLUE CROSS (NORTH CAROLINA FOR PR)				
00953 MISCONSIN PHYSICIAN SERVICES - MI 01390 AETNA (WASHINGTON) 17120 HAWAII MEDICAL SERVICE ASSOCIATION 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31144 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (PETALUMA) 51070 AETNA (FERAMINGTON) 51100 AETNA (FARMINGTON) 51140 AETNA (FORT WASHINGTON) 51140 AETNA (FORT WASHINGTON) 51280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 118 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PRATCI-DT PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	00511	·				
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31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31144 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (PETALUMA) 51070 AETNA (PETALUMA) 51070 AETNA (FARMINGTON) 51140 AETNA (FORT WASHINGTON) 51280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 118 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 IDATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	17120					
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* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 ** INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 ** INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 ** SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) ** SHORT DESCRIPTION ** PRIOR INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM ** PREVIOUS INTERMEDIARY NUMBER. WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)				
# INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 **INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 **INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 **SNF/NF** (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) **SHORT DESCRIPTION **SHORT DESCRIPTION **SHORT DESCRIPTION **SHORT DESCRIPTION **JOHN START END TYPE SAS NAME **PRIOR INTERMEDIARY NUMBER	50333	· · · · · · · · · · · · · · · · · · ·				
\$1070 AETNA (FARMINGTON) \$1100 AETNA (CLEARWATER) \$1140 AETNA (PEORIA) \$1390 AETNA (FORT WASHINGTON) \$52280 MUTUAL OF OMAHA \$57400 COOPERATIVA (PUERTO RICO) PARTICIPATION DATE 8 118 125 C PROV1565 THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	51051	,				
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PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM						
THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES. COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615 THE DATE OF A PRIOR CHANGE OF OWNERSHIP. COBOL NAME: PRIOR-CHOW-DT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	0.100	0001214111111 (1021110 11200)				
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	THE DATE A FACILITY IS FIRST AMEDICARE AND/OR MEDICAID SERV	APPROVED TO PROVIDE				
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	PRIOR CHANGE OF OWNERSHIP	8 126 133 C PROV1615				
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM		OWNERSHIP.				
PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4					
A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM	SHORT DESCRIPTION	LEN START END TYPE SAS NAME				
	A PREVIOUS INTERMEDIARY NUMBER	R.WHEN				
	PROVIDER NUMBER	10 139 148 C PROV1680				

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,

BLUE CROSS (WASHINGTON & ALASKA)

00430

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 1 149 149 C PROV1720 RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK REGION CODE 2 150 151 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION I BOSTON VALUES: 01 02 II NEW YORK III PHILADELPHIA 0.3 04 IV ATLANTA 0.5 V CHICAGO 06 VI DALLAS VII KANSAS CITY 07 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y YES 2 153 154 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CN

CANADA

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME

CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL.	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
	IOWA
IA	
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEW MEXICO NEVADA
NY	NEW YORK
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

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VI VIRGIN ISLANDS
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VT VERMONT
WA WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN
WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

MONTANA

NEBRASKA

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

27

28

VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	0 4	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI

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30
                                NEW HAMPSHIRE
              31
                                NEW JERSEY
              32
                                NEW MEXICO
              33
                                NEW YORK
              34
                                NORTH CAROLINA
              35
                                NORTH DAKOTA
              36
                                OHIO
              37
                                OKLAHOMA
              38
                                OREGON
              39
                                PENNSYLVANIA
              40
                                PUERTO RICO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000
                            POS RECORD LAYOUT
                                                                  PAGE: 7
        SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                           LEN START END TYPE SAS NAME
              41
                                RHODE ISLAND
              42
                                SOUTH CAROLINA
              43
                                SOUTH DAKOTA
              44
                                TENNESSEE
              45
                                TEXAS
              46
                                UTAH
              47
                                 VERMONT
              48
                                VIRGIN ISLANDS
              49
                                VIRGINIA
              50
                                 WASHINGTON
              51
                                 WEST VIRGINIA
              52
                                 WISCONSIN
              53
                                 WYOMING
              56
                                CANADA
              59
                                MEXICO
              64
                                AMERICAN SAMOA
              65
                                GUAM
              66
                                SAIPAN
  STATES REGION CODE
                                            3 157 159 C
                                                                 PROV2710
    FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
    WITHIN THE STATE WHERE THE FACILITY IS LOCATED
    COBOL NAME: STATE-REGION-CD
  STREET ADDRESS
                                            50 160 209 C
                                                                 PROV2720
    STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
    PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
    COBOL NAME: STREET-ADDRESS
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NEVADA

29

TELEPHONE NUMBER 10 210 219 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 2 220 221 C PROV4770 TERMINATION CODE # 1 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 ACTIVE 0.1 VOL-MERG, CLOSE 02 VOL-REIMBURSE 0.3 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REO 06 INVOL-AGREEMNT 07 OTH-STATUS CHG * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1 TYPE OF ACTION 1 230 230 C PROV2880 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 2 RECERTIFICATION

TYPE OF CONTROL 2 231 232 C PROV2885

TERMINATION

CHANGE OF OWNERSHIP

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 FOR PROFIT - INDIVIDUAL

02 03 04 05 06 07 08 09 10	FOR PROFIT FOR PROFIT NONPROFIT - NONPROFIT - GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT	- CORP CHURC CORPC OTHER - STAT - COUN - CITY - CITY - HOSP	PORATIC CH RELA PRATION C E TY C/COUNT	ON ATED I	CT	
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR	R THE PROVID	-	233	237	С	PROV2905
COBOL NAME: ZIP-CD FIPS STATE CODE FIPS STATE CODE		2	238	239	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE FIPS COUNTY CODE		3	240	242	С	FIPCNTY
COBOL NAME: WS-FIPS-CNTY SSA MSA CODE SSA MSA CODE		3	243	245	С	SSAMSACD
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE		1	246	246	С	SSAMSASZ
COBOL NAME: WS-SSA-MSA-SIZE-C	D					

* INDICATES THIS FIELD HAS BEEN ADDED OR C 1DATE: 04/03/2000 POS RECORD L SNF/NF (DUALLY CERTIFIED), CATEGOR	AYOUT		, ,	,	PAGE: 9
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
BEDS - TOTAL TOTAL NUMBER OF BEDS IN A FACILITY, IN IN NON-PARTICIPATING OR NON-LICENSED A			288	N	PROV0740
COBOL NAME: NUM-BEDS BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDI AREAS WITHIN A FACILITY.	4 CAID CEF		292	N	PROV0755
COBOL NAME: NUM-CERT-BEDS COMPLIANCE: LIFE SAFETY CODE	1	350	350	С	PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: 24 HR REGISTERED NURSE 1 353 353 C PROV0290

INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE

REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-24-HR-RN

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655

A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE

STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING

PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PROGRAM PARTICIPATION 1 442 442 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGION HAS TO OK A PENDING RECORD IN THE SPECIA SCREEN. THIS FIELD ONLY APPLIES TO CATE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS	AL OFFI L FIELI GORIES	ICE DS IN THE		С	PROV1550
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FAC MORE THAN ONE DISTINCT PROVIDER, SUCH AS DISTINCT PART LONG TERM CARE. THE NUMBE WILL BE THE PROVIDER NMBR OF THE HIGHEST COBOL NAME: RELATED-PROV-NUM	A HOSPI R IN TH	CONTAIN ITAL WI HIS FIE	S TH LD	С	PROV1755
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIV PROFESSIONALS UNDER CONTRACT TO A FACILI COBOL NAME: NUM-ACT-THER-CONTRACT	ITIES	569	575	N	PROV0695
ACTIVITY PROFESSIONAL - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIV PROFESSIONALS EMPLOYED FULL TIME BY A FA COBOL NAME: NUM-ACT-THER-FULL-TIME	ITIES		582	N	PROV0700
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTIV PROFESSIONALS EMPLOYED PART TIME BY A FA COBOL NAME: NUM-ACT-THER-PART-TIME	ITIES		589	N	PROV0705
ADMINISTRATION - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT ADMIN UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT				N	PROV0710
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMIN EMPLOYED ON A FULL TIME BASIS BY A FACIL COBOL NAME: NUM-ADMN-FULL-TIME	ISTRATI			N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMIN EMPLOYED ON A PART-TIME BASIS BY A FACIL COBOL NAME: NUM-ADMN-PART-TIME	ISTRATI			N	PROV0720
ADMISSION SUSPENSION DATE THE DATE THAT PAYMENTS FOR NEW ADMISSION TERM CARE FACILITY WILL BE DENIED IF AN SANCTION IS TAKEN AGAINST THE FACILITY. COBOL NAME: ADMIN-SUSP-DT	S IN A	LONG	618	С	PROV0030
BEDS - MEDICARE SNF NUMBER OF MEDICARE CERTIFIED SNF BEDS IN COBOL NAME: NUM-T18-SNF-BEDS			622	N	PROV1445

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME BEDS - NURSING FACILITY 4 623 626 N PROV1455 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS 4 627 630 N BEDS - SNF/NF PROV1450 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS CERT NURSE AIDES - CONTRACT 7.2 631 637 N PROV1000 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT CERT NURSE AIDES - FULL TIME 7.2 638 644 N PROV1005 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-NURSE-AID-FULL-TIME CERT NURSE AIDES - PART TIME 7.2 645 651 N PROV1010 THE NUMBER OF FULL-TIME EOUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME CHRISTIAN SCIENCE INDICATOR 1 652 652 C PROV0110 INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ

WAIVER RECOMMENDED

COMPLIANCE: 7 DAY REGISTERED NURSE 1 655 655 C PROV0295

VALUES: 1

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE

REOUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

7.2 656 662 N PROV0785 DENTISTS - CONTRACT

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12

SNF/NF (DUALLY CERTIFIED), CATEGORY	= "02	e" (SEE	POSIT:	IONS 3	-4)	
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME	
DENTISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DENT:	7.2			N	PROV0790	
BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME						
DENTISTS - PART TIME	7.2		676	N	PROV0795	
THE NUMBER OF FULL-TIME EQUIVALENT DENT: BY A FACILITY ON A PART TIME BASIS.	ISTS E	MPLOYED				

COBOL NAME: NUM-DENTIST-PART-TIME DIETITIANS - CONTRACT 7.2 677 683 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

DIETITIANS - FULL TIME 7.2 684 690 N PROV0810

THE NUMBER OF FULL-TIME EOUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 691 697 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 698 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 699 705 N PROV0860

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT FOOD SERVICE - FULL TIME 7.2 706 712 N PROV0865 THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-FOOD-SRV-FULL-TIME FOOD SERVICE - PART TIME 7.2 713 719 N PROV0870 THE NUMBER OF FULL-TIME EOUIVALENT FOOD SERVICE PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-FOOD-SRV-PART-TIME HOUSEKEEPING - CONTRACT 7.2 720 726 N PROV0925 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT 7.2 727 733 N PROV0930 HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-HOUSE-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME HOUSEKEEPING - PART TIME 7.2 734 740 N PROV0935 THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-HOUSE-PART-TIME 7.2 741 747 N LPN/LVN - CONTRACT PROV1465 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-VOC-NURSE-CONTRACT 7.2 748 754 N LPN/LVN - FULL TIME PROV1470 THE NUMBER OF FULL-TIME EOUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME LPN/LVN - PART TIME 7.2 755 761 N PROV1475 THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME LTC CROSS REFERENCE PROVIDER # 6 762 767 C PROV0640 THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER

NUMBERS THAT WERE TERMINATED IN 1985 BE	CAUSE OF	F POLIC	Ϋ́		
CHANGES WHICH STATES THAT SNF/ICF DISTI	NCT PART	rs or r	UA		
LLY CERTIFIED PORTIONS ARE ASSIGNED SIN	GLE SNF	PROV N	.01		
COBOL NAME: LTC-CROSS-REF-PROV-NUM					
MEDICAL DIRECTOR - CONTRACT	7.2	768	774	N	PROV0960
THE NUMBER OF FULL-TIME EQUIVALENT MEDI	CAL DIRE	ECTORS			
UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-MED-CONTRACT					
MEDICAL DIRECTOR - FULL TIME	7.2	775	781	N	PROV0965
THE NUMBER OF FULL-TIME EQUIVALENT MEDI		ECTORS			
EMPLOYED BY A FACILITY ON A FULL TIME B.	ASIS.				
COBOL NAME: NUM-MED-FULL-TIME					
MEDICAL DIRECTOR - PART TIME			788	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDI		ECTORS			
EMPLOYED BY A FACILITY ON A PART TIME B.	ASIS.				
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT			795	N	PROV5180
THE NUMBER OF FULL-TIMR EQUIVALENT MEDI		AIDES/			
TECHNICIANS UNDER CONTRACT TO A FACILIT	Υ.				
COBOL NAME: NUM-MED-AID-CONTRACT		E0.6	0.00		
MEDICATION AIDES/TECHS-FULL TIME			802	N	PROV51/0
THE NUMBER OF FULL-TIME EQUIVALENT MEDI					
TECHNICIANS EMPLOYED BY A FACILITY ON A	FULL TI	IME			
BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANG 1DATE: 04/03/2000 POS RECORD LAYOU SNF/NF (DUALLY CERTIFIED), CATEGORY =	T	, , , , , , , , , , , , , , , , , , , ,	PAGE: 14
SHORT DESCRIPTION L	EN START	END TYPE	SAS NAME
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDICAT TECHNICIANS EMPLOYED BYA FACILITY ON A PAR BASIS.		809 N	PROV5175
COBOL NAME: NUM-MED-AID-PART-TIME MENTAL HEALTH SERVICES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MENTAL SERVICES PERSONNEL UNDER CONTRACT TO A FAC		816 N	PROV0980
COBOL NAME: NUM-MEN-HLTH-CONTRACT MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTAL	7.2 817 HEALTH	823 N	PROV0985

SERVICES PERSONNEL EMPLOYED BY A FACILITY TIME BASIS.	Y ON A FULL			
COBOL NAME: NUM-MEN-HLTH-FULL-TIME MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTAL SERVICES PERSONNEL EMPLOYED BY A FACILITY TIME BASIS.	L HEALTH	830	N	PROV0990
COBOL NAME: NUM-MEN-HLTH-PART-TIME MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZAT: THE FACILITY.	38 831 ION THAT OWN		С	PROV0680
COBOL NAME: NAME-MULT-FACL-ORG MULTI-FACILITY ORGANIZATION OWNED INDICATES IF A FACILITY IS OWNED BY AN ORTHAT OWNS (OR LEASES) TWO OR MORE NURSING COBOL NAME: MULT-FACL-ORG	RGANIZATION		С	PROV0675
VALUES: Y YES				
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AIDS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT			N	PROV5165
			N	PROV5155
NURSE AIDES IN TRNG-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE TRAINING EMPLOYED BY A FACILITY ON A PART COBOL NAME: NUM-AID-TRNG-PART-TIME	AIDES IN		N	PROV5160
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSES ADMINISTRATIVE DUTIES UNDER CONTRACT TO A COBOL NAME: NUM-NURSE-ADM-CONTRACT	S WITH	897	N	PROV5150

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 898 904 N PROV5135 THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACI TIME BASIS.	LITY ON	A FUL	L		
COBOL NAME: NUM-NURSE-ADM-FULL-TIME					
NURSES WITH ADMIN DUTIES-PART TIME	7.2	905	911	N	PROV5145
NUMBER OF FULL-TIME EQUIVALENT NURSES WI	TH				
ADMINISTRATIVE DUTIES EMPLOYED BY A FACI	LITY ON	A			
PART TIME BASIS.					
COBOL NAME: NUM-NURSE-ADM-PART-TIME					
OCCUP THERAPY AIDE - CONTRACT	7.2	912	918	N	PROV1020
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP	ATIONAL				
THERAPY AIDES UNDER CONTRACT TO A FACILI	TY.				
COBOL NAME: NUM-OCC-AID-CONTRACT					
OCCUP THERAPY AIDE - FULL TIME	7.2	919	925	N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP	ATIONAL	THERA	PΥ		
AIDES EMPLOYED BY A FACILITY ON A FULL T	IME BAS	IS.			
COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	926	932	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP	ATIONAL	THERA	PΥ		
AIDES EMPLOYED BY A FACILITY ON A PART T	IME BAS	IS.			
COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	933	939	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OCCUP	ATIONAL	THERA	PY		
ASSISTANTS UNDER CONTRCAT TO A FACILITY.					
COBOL NAME: NUM-OCC-ASST-CONTRACT					
OCCUP THERAPY ASST - FULL TIME	7.2	940	946	N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP	ATIONAL	THERA	PΥ		
ASSISTANTS EMPLOYED BY A FACILITY ON A F	ULL TIM	E BASI	S.		
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME		947		N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP					
ASSISTANTS EMPLOYED BY A FACILITY ON A P	ART TIM	E BASI	S.		
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT	7.2		960	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP					
THERAPISTS UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME	, • <u>~</u>		967	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP			_		
THERAPISTS EMPLOYED BY A FACILITY ON A F	OPP LITM	E BASI	S.		
COBOL NAME: NUM-OCC-THER-FULL-TIME		0.60	0.7.4		
OCCUPATIONAL THERAPIST - PART TIME			9/4	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OCCUP			~		
THERAPISTS EMPLOYED BY A FACILITY ON A P	AKT TIM	E BASI	S.		
COBOL NAME: NUM-OCC-THER-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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SHORT DESCRIPTION LEN START END TYPE SAS NAME

ORGANIZED FAMILY GROUP 1 975 975 C PROV1535

INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF

FAMILY MEMBERS OF RESIDENTS.

COBOL NAME: ORG-FAMILY-GRP

VALUES: Y YES

ORGANIZED RESIDENT GROUP 1 976 976 C PROV1540

INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS

GROUP.

COBOL NAME: ORG-RESID-GRP

VALUES: Y YES

OTHER - CONTRACT 7.2 977 983 N PROV3265

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED

IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY.

COBOL NAME: NUM-OTH-CONTRACT

OTHER - FULL TIME 7.2 984 990 N PROV3245

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A

FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 991 997 N PROV3255

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A

PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 998 1004 N PROV5270

NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-CONTRACT

OTHER ACTIVITIES STAFF-FULL TIME 7.2 1005 1011 N PROV5260

NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.

COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1012 1018 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV

ITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

OTHER PHYSICIAN - CONTRACT 7.2 1019 1025 N PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1026 1032 N PROV1065 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-OTH-PHY-FULL-TIME OTHER PHYSICIAN - PART TIME 7.2 1033 1039 N PROV1070 THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-OTH-PHY-PART-TIME	
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 17 SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)	
SHORT DESCRIPTION LEN START END TYPE SAS NAME	
OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1040 1046 N PROV5300 NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.	
COBOL NAME: NUM-OTH-SOC-CONTRACT OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1047 1053 N PROV5290 NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF.	
COBOL NAME: NUM-OTH-SOC-FULL-TIME OTHR SOCIAL SERV STAFF-PART TIME 7.2 1054 1060 N PROV5295 NUMBER OF PART-TIME STAFF HOURS PROVIDED BY OTHER SOCIA L SERVICES STAFF.	
COBOL NAME: NUM-OTH-SOC-PART-TIME PHARMACISTS - CONTRACT 7.2 1061 1067 N PROV1085 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS UNDER CONTRACT TO A FACILITY.	
COBOL NAME: NUM-PHAR-CONTRACT PHARMACISTS - FULL TIME 7.2 1068 1074 N PROV1090 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME	
PHARMACISTS - PART TIME 7.2 1075 1081 N PROV1095 THE NUMBER OF FULL-TIME EQUIVALENT PHARMACISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME	
PHYS THER ASST - CONTRACT 7.2 1082 1088 N PROV5210 NUMBER OF CONTRACT STAFF HOURS FOR PHYSICAL THERAPY ASS ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT	
PHYS THER ASST - FULL TIME 7.2 1089 1095 N PROV5200 NUMBER OF FULL-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS.	

COBOL NAME: NUM-THER-ASST-FULL-TIME 7.2 1096 1102 N PHYS THER ASST - PART TIME PROV5205 NUMBER OF PART-TIME STAFF HOURS FOR PHYSICAL THERAPY AS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME PHYSICAL THERAPISTS - CONTRACT 7.2 1103 1109 N PROV1430 THE NUMBER OF FULL-TIME EOUIVALENT PHYSICAL THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-CONTRACT PHYSICAL THERAPISTS - FULL TIME 7.2 1110 1116 N PROV1435 THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-FULL-TIME PHYSICAL THERAPISTS - PART TIME 7.2 1117 1123 N PROV1440 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT

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SHORT DESCRIPTION

PHYSICAL THERAPY AIDE - CONTRACT 7.2 1124 1130 N PROV1415 THE NUMBER OF FULL-TIME EOUIVALENT PHYSICAL THERAPY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT PHYSICAL THERAPY AIDE - FULL TIME 7.2 1131 1137 N PROV1420 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-THER-AID-FULL-TIME PHYSICAL THERAPY AIDE - PART TIME 7.2 1138 1144 N PROV1425 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-THER-AID-PART-TIME PHYSICIAN EXTENDER - CONTRACT 7.2 1145 1151 N PROV3270 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT PHYSICIAN EXTENDER - FULL TIME 7.2 1152 1158 N PROV3250 THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS. COBOL NAME: NUM-PHYS-EXT-FULL-TIME PHYSICIAN EXTENDER - PART TIME 7.2 1159 1165 N PROV3260

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS

EMPLOYED BY THE FACILITY ON A PART-TIME E COBOL NAME: NUM-PHYS-EXT-PART-TIME PODIATRISTS - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT PODIAT	7.2 1166 1172 N PROV1130
CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIAT BY A AFCILITY ON A FULL TIME BASIS.	7.2 1173 1179 N PROV1135 TRISTS EMPLOYED
COBOL NAME: NUM-POD-FULL-TIME PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODIAT BY A FACILITY ON A PART TIME BASIS.	7.2 1180 1186 N PROV1140 TRISTS EMPLOYED
COBOL NAME: NUM-POD-PART-TIME PRIOR ADMISSION SUSPENSION DATE PREVIOUS DATE A SUSPENSION OF ADMISSIONS FOR A PROVIDER.	8 1187 1194 C PROV1610 WAS INVOKED
THE EFFECTIVE DATE OF A PREVIOUS SUSPENSI ADMISSIONS TO A LTC FACILITY.	8 1195 1202 C PROV1640 ION OF
COBOL NAME: PRIOR-RESC-SUSP-DT PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY IS BASED. COBOL NAME: PROV-BASED-FACILITY VALUES:	1 1203 1203 C PROV1675 S PROVIDER
* INDICATES THIS FIELD HAS BEEN ADDED OR CHAN 1DATE: 04/03/2000 POS RECORD LAYO SNF/NF (DUALLY CERTIFIED), CATEGORY =	OUT PAGE: 19
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
Y HOSPITAL BA	ASED
REGISTERED NURSE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT REGIST UNDER CONTRACT TO A FACILITY.	7.2 1204 1210 N PROV1150 TERED NURSES
COBOL NAME: NUM-REG-NURSE-CONTRACT REGISTERED NURSE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT REGIST EMPLOYED BY A FACILITY ON A FULL TIME BAS COBOL NAME: NUM-REG-NURSE-FULL-TIME	
REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGIST EMPLOYED BY A FACILITY ON A PART TIME BAS	TERED NURSES

RESCIND SUSPENSION DATE 8 1225 1232 C PROV1825 DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS	COBOL NAME: NUM-REG-NURSE-PART-TIME		
TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED. COBOL NAME: RESC-SUSP-DT RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME TO A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - FULL TIME TO A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1261 1267 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	RESCIND SUSPENSION DATE 8 1225 1232	2 C	PROV1825
COBOL NAME: RESC-SUSP-DT RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS		
RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N PROV5130 THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME TIME 7.2 1261 1267 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME TO 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.		
THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSING UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.			
NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME	RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239) N	PROV5130
COBOL NAME: NUM-RN-DON-CONTRACT RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME 7.2 1247 1253 N PROV5140 THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT 7.2 1254 1260 N PROV1170 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PULL-TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SOCIAL WORKER - PART TIME 3 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI		
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COBOL NAME: NUM-SOCIAL-CONTRACT SOCIAL WORKER - FULL TIME 7.2 1261 1267 N PROV1175 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	~		
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COBOL NAME: NUM-SOCIAL-FULL-TIME SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180 THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	~		
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COBOL NAME: NUM-SOCIAL-PART-TIME SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.	~		
SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.			
THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH AIDS.			
BY THE FACILITY FOR RESIDENTS WITH AIDS.		' N	PROV0725
COBOL NAME: NUM-AIDS-BEDS			
	COBOL NAME: NUM-AIDS-BEDS		

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPECIAL CARE BEDS-ALZHEIMERS 3 1278 1280 N PROV0730 THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.

COBOL NAME: NUM-ALZHEIMERS-BEDS

SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED	AND			N	PROV0800
BY THE FACILITY FOR RESIDENTS NEEDING DI COBOL NAME: NUM-DIAL-BEDS	CALYS	SIS.			
SPECIAL CARE BEDS-DISABLED CHILD	3	1284	1286	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED	AND				
BY THE FACILITY FOR DEISCABLED CHILDREN COBOL NAME: NUM-DIS-CHILD-BEDS	•				
SPECIAL CARE BEDS-HEAD TRAUMA	3	1287	1289	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED					
BY THE FACILTY FOR RESIDENTS WITH HEAD	raui	MA.			
COBOL NAME: NUM-HEAD-TRAUMA-BEDS	_				
SPECIAL CARE BEDS-HOSPICE	3	1290		N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED BY A FACILITY FOR RESIDENTS NEEDING HOS					
		SERVICES.			
COBOL NAME: NUM-HOSPICE-BEDS SPECIAL CARE BEDS-HUNTINGTONS	3	1293	1295	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED	AND				
BY THE FACILITY FOR RESIDENTS WITH HUNT:	INGT	ON'S DISEAS	SE		
COBOL NAME: NUM-HUNTING-DIS-BEDS	_	1006	1000		
SPECIAL CARE BEDS-SPEC REHAB THE NUMBER OF BEDS IN A UNIT IDENTIFIED	3	1296	1298	N	PROVIZUS
BY THE FACILITY FOR RESIDENTS WITH SPEC					
NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
COBOL NAME: NUM-SPEC-REHAB-BEDS SPECIAL CARE BEDS-VENTILATOR			1301	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED					
BY THE FACILITY FOR RESIDENTS WITH VENT	CLAT	OR/			
RESIPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS SPEECH PATHOLOGIST - CONTRACT	7	2 1202	1200	N	DDO7/1100
THE NUMBER OF FULL-TIME EQUIVALENT SPEEC	/ H P	.Z ISUZ ATHOLOGISTS	1300	IN	PROVILOU
UNDER CONTRACT TO A FACILITY.	J11 1 1	AINOLOGISI	_		
COBOL NAME: NUM-SPCH-PATH-CONTRACT SPEECH PATHOLOGIST - FULL TIME	7	.2 1309	1315	N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPE					
EMPLOYED BY A FACILITY ON A FULL TIME BA	ASIS	•			
COBOL NAME: NUM-SPCH-PATH-FULL-TIME SPEECH PATHOLOGIST - PART TIME					
SPEECH PATHOLOGIST - PART TIME	7	0 1016	1 2 2 2		DD0111000
				N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEEC	CH PA	ATHOLOGISTS		N	PROV1200
	CH PA	ATHOLOGISTS		N	PROV1200

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1323 1323 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1324 1324 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1325 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1326 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1327 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 1328 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: CLINICAL LAB-ONSITE-NON RES 1 1330 1330 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1331 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1332 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1333 1333 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1334 1334 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DIETARY-ONSITE-RESIDENTS 1 1337 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1338 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 1340 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: NURSING-OFFSITE-RESIDENTS 1 1344 1344 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1345 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1346 1346 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1351 1351 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1352 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1353 1353 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1357 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
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SHORT DESCRIPTION SRV: PHARMACY-ONSITE-RESIDENTS 1 1358 1358 C PROV3320 INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHARMACY-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PHYS EXTENDER-OFFSITE-RESID 1 1359 1359 C PROV3300 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-OFF-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PHYS EXTENDER-ONSITE-NON RES 1 1360 C PROV3295 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 C PROV3290 INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-EXT-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 1362 C PROV3375 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PHYS-THER-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370 INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-THER-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 C

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

PROV3365

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1365 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1366 1366 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 1367 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 1369 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1372 1372 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1373 1373 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1374 1374 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1375 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 1376 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1379 1379 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 1380 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 1381 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 1382 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 1383 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1385 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30

SNF/NF (DUALLY CERTIFIED), CATEGORY = "02" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

THER REC SPEC - CONTRACT 7.2 1386 1392 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1393 1399 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1400 1406 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVID NURSING FACILITIES AND HOSPIT COBOL NAME: CATEGORY-SUBTYPE- VALUES: 01 03	ALS.	1LA	1 ILLED	2	С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 03					С	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE TAKEN PLACE FOR A PARTICULAR COBOL NAME: CHOW-CNT		2 CHOW	5) HAS	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS COBOL NAME: CITY	PHYSICALLY	28 LOCATE	15 D.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCE OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN	COMPLIANCE PTABLE PLAN -COR	FOR CO	RRECTI	ON	С	
VALUES: 1	COMPLIANCE	BASED	ON ACC	EPTAB	LE PO	C
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SU WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL				44	С	PROV2715
VALUES: A B	IN COMPLIAN					
COUNTY CODE SSA GEOGRAPHIC CODE INDICATIN IS LOCATED. COBOL NAME: SSA-COUNTY	G COUNTY WHE	3 ERE FAC		47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO	A PARTICULA	10 AR PROV	48 IDER.	57	С	PROV0300
COBOL NAME: CROSS-REF-PROV-NU CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE	M	8	58	65	С	PROV0500

COBOL NAME: FMS-SURVEY-DT-1

1DATE: 04/03/2000 F	ADDED OR CHANGED SINCE: 01/04/2000 OS RECORD LAYOUT PAGE: 2 , CATEGORY = "03" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR I WHICHEVER IS LATER. THE "C THE PROVIDER. COBOL NAME: SURVEY-DT-1	
ELIGIBILITY CODE INDICATES IF A FACILITY IS THE MEDICARE AND/OR MEDICAI COBOL NAME: ELIG-CD	D PROGRAMS.
VALUES: 1 2	ELIGIBLE TO PARTICIPATE NOT ELIGIBLE TO PARTICIPATE
FACILITY NAME THE NAME OF A PROVIDER OR S PARTICIPATE IN THE MEDICARE COBOL NAME: FACILITY-NAME	
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INT SERVICING A PROVIDER OR SUF COBOL NAME: INTER-CARRIER-N	PLIER. UM
VALUES: 00010 00020 00030 00040 00060 00070 00090 00101 00121 00122 00123 00130 00131 00140 00150 00160 00180	BLUE CROSS (ALABAMA) BLUE CROSS (ARKANSAS) BLUE CROSS (ARIZONA) BLUE CROSS (CALIFORNIA) BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) BLUE CROSS (FLORIDA) BLUE CROSS (GEORGIA) HEALTH CARE SERVICE CORPORATION HCSC - MICHIGAN HCSC OF MICHIGAN BLUE CROSS (INDIANA) ADMINISTAR FEDERAL (CHICAGO) BLUE CROSS (IOWA/SOUTH DAKOTA) BLUE CROSS (KANSAS) BLUE CROSS (KENTUCKY) BLUE CROSS (MAINE)

```
00190
                                BLUE CROSS (MARYLAND)
                                BLUE CROSS (MASSACHUSETTS)
              00200
              00210
                                BLUE CROSS (MICHIGAN)
                               BLUE CROSS (MINNESOTA)
              00220
              00230
                               BLUE CROSS (MISSISSIPPI)
                               BLUE CROSS (LOUISIANA)
              00231
                              BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
              00241
              00250
              00260
                               NEW HAMPSHIRE-VERMONT HEALTH SERVICE
              00270
              00280
                                  BLUE CROSS (NEW JERSEY)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                    PAGE: 3
         SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                             LEN START END TYPE SAS NAME
              00290
                                BLUE CROSS (NEW MEXICO)
              00308
                                BLUE CROSS (EMPIRE)
              00310
                               BLUE CROSS (NORTH CAROLINA)
              00320
                                BLUE CROSS (NORTH DAKOTA)
              00332
                                COMMUNITY MUTUAL INSURANCE CO
              00340
                                BLUE CROSS (OKLAHOMA)
              00350
                               BLUE CROSS (OREGON)
              00351
                               BLUE CROSS (OREGON) (IDAHO CLAIMS)
                               BLUE CROSS (INDEPENDENCE)
              00362
                              BLUE CROSS (WESTERN PENNSYLVANIA)
BLUE CROSS (RHODE ISLAND)
RIJE CROSS (COTT
              00363
              00370
              00380
                                BLUE CROSS (SOUTH CAROLINA)
              00390
                                BLUE CROSS (TENNESSEE)
                                 BLUE CROSS (TEXAS)
              00400
              00410
                                BLUE CROSS (UTAH)
              00423
                                 BLUE CROSS (VIRGINIA/WEST VA)
              00430
                                 BLUE CROSS (WASHINGTON & ALASKA)
              00450
                                  BLUE CROSS (WISCONSIN)
              00452
                                  UNITED GOVERNMENT SERVICE - MI
              00460
                                  BLUE CROSS (WYOMING)
              00468
                                  BLUE CROSS (NORTH CAROLINA FOR PR)
              00511
                                  CAHABA
              00952
                                  WISCONSIN PHYSICIAN SERVICES - IL
              00953
                                  WISCONSIN PHYSICIAN SERVICES - MI
              01390
                                  AETNA (WASHINGTON)
              17120
                                  HAWAII MEDICAL SERVICE ASSOCIATION
              31142
                                 NATIONAL HERITAGE INSURANCE CO (MAINE)
              31143
                               NATIONAL HERITAGE INSURANCE CO
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51100 51140 51390 52280	NATIONAL HE NATIONAL HE TRAVELERS (I AETNA (PETA AETNA (FARM AETNA (PEOR AETNA (FORT MUTUAL OF OI COOPERATIVA	RITAGE NEW YC LUMA) INGTON RWATER IA) WASHI MAHA	INSU	RANCE		ERMONT)
PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVE				125	С	PROV1565
COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT		8	126	133	С	PROV1615
* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2000 POS SNF/NF (DISTINCT PART), CONTROL OF THE PROPERTY OF T	RECORD LAYO	UT 03" (S	EE PO	SITIO	NS 3-4	PAGE: 4
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER	R.WHEN	5				
COBOL NAME: PRIOR-INTER-CARRIE PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION SIGNED TO A CERTIFIED PROVIDER IS ISSUED A 6 POSITION NUMERICAL A SUPPLIER IS ISSUED A 10 POSITION NAME: PROV-NUM	ICATION NUMB R OR SUPPLIE C OR ALPHANU	ER THA R. A MERIC	T IS PROVI	AS- DER R,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A	CURRENT STAT ACCEPTED PENDING WORK				С	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVING STATE IN WHICH THE PROVIDER IS		2 ILITY			С	PROV1725

```
COBOL NAME: REGION
                          I BOSTON
   VALUES: 01
           02
                          II NEW YORK
           0.3
                           III PHILADELPHIA
            04
                          IV ATLANTA
            05
                          V CHICAGO
            06
                           VI DALLAS
            0.7
                           VII KANSAS CITY
           0.8
                           VIII DENVER
                           IX SAN FRANCISCO
           09
                          X SEATTLE
           10
                            1 152 152 C PROV2045
  SKELETON RECORD INDICATOR
   INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
   ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
   FOR THIS PROVIDER.
   COBOL NAME: SKELETON-IND
                            YES
   VALUES: Y
                           2 153 154 C PROV3230
  STATE ABBREVIATION
   STATE ABBREVIATION
   COBOL NAME: STATE-ABBREV
   VALUES: AK
                           ALASKA
           AL
                            ALABAMA
           AR
                          ARKANSAS
           AS
                           AMERICAN SAMOA
           ΑZ
                           ARIZONA
           CA
                          CALIFORNIA
           CN
                          CANADA
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
       SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                               LEN START END TYPE SAS NAME
           CO
                            COLORADO
           CT
                            CONNECTICUT
            DC
                            DISTRICT OF COLUMBIA
           DE
                            DELAWARE
            FL
                           FLORIDA
           GA
                            GEORGIA
           GU
                            GUAM
           HΙ
                            HAWAII
           ΙA
                            IOWA
           ID
                            IDAHO
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IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN

WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

COPOL NAI	ME. SSA-SIAIE	
VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	0 4	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA

40 PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

41

42

44

01

02

43

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME

RHODE ISLAND

SOUTH DAKOTA

TENNESSEE

SOUTH CAROLINA

44	TEMMESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATES REGION CODE	3	157	159	С	PROV2710
FOR SELECTED STATES, IDENTI	FIES THE PARTICULAR R	REGION			
WITHIN THE STATE WHERE THE	FACILITY IS LOCATED				
COBOL NAME: STATE-REGION-CI					
STREET ADDRESS	50	160	209	С	PROV2720
STREET ADDRESS OF A PROVIDE	ER THAT IS CERTIFIED T	0			
PROVIDE MEDICARE AND/OR MEI	DICAID SERVICES.				
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210	219	С	PROV1605
THE 10 DIGIT TELEPHONE NUME	SER OF THE PRIMARY CON	TACT	OR		
THE OPERATOR OF A PROVIDER.					
COBOL NAME: PHONE-NUM					
TERMINATION CODE # 1	2	220	221	С	PROV4770
TERMINATION CODE #1, THE RE	EASON A FACILITY HAS B	BEEN			
TERMINATED FROM THE CLIA, N	MEDICARE AND/OR MEDICA	ID			
PROGRAMS.					
COBOL NAME: TERM-CD-1					
VALUES: 00	ACTIVE				
0.1					

VOL-MERG, CLOSE

VOL-REIMBURSE

0 4 0 5	VOL-OTHER INVOL-FAIL REO
06	INVOL-AGREEMNT
07	OTH-STATUS CHG
* INDICATES THIS FIELD HAS BEEN INDICATE: 04/03/2000 POS	ADDED OR CHANGED SINCE: 01/04/2000 S RECORD LAYOUT PAGE: 8
SNF/NF (DISTINCT PART),	CATEGORY = "03" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
TERMINATION DATE/EXPIRATION DATE THE DATE THE LABORATORY'S CENTIES THE EXPIRATION DATE OF THE CU	
COBOL NAME: EXP-DT-1	
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WI TRANSMITTAL FORM WAS PREPARE! COBOL NAME: TYPE-ACTION	
VALUES: 1	INITIAL
2	RECERTIFICATION
3	TERMINATION
4	CHANGE OF OWNERSHIP
TYPE OF CONTROL INDICATES THE NATURE OF THE (A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2 231 232 C PROV2885 ORGANIZATION THAT OPERATES
VALUES: 01	FOR PROFIT - INDIVIDUAL
02	FOR PROFIT - PARTNERSHIP
03	FOR PROFIT - CORPORATION
04	NONPROFIT - CHURCH RELATED
05	NONPROFIT - CORPORATION
06	NONPROFIT - OTHER
07	GOVERNMENT - STATE
0.0	

GOVERNMENT - COUNTY

GOVERNMENT - FEDERAL

GOVERNMENT - CITY/COUNTY

GOVERNMENT - HOSPITAL DISTRICT

GOVERNMENT - CITY

VOL-RISK INVOL

03

08

09

10

11

12

ZIP CODE	5	233	237	С	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROV	IDER.				
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	С	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	С	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME BEDS - TOTAL 4 285 288 N PROV0740 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS 4 289 292 N PROV0755 BEDS - TOTAL CERTIFIED NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS 1 350 350 C COMPLIANCE: LIFE SAFETY CODE PROV0240 INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: 24 HR REGISTERED NURSE 1 353 353 C PROV0290 INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE

4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR.

COBOL NAME: FISC-YR-END-DT

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655

A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE

STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING

PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

PROGRAM PARTICIPATION 1 442 442 C PROV1670

INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE,

MEDICAID, OR BOTH PROGRAMS.

COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 465 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE

HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

RELATED PROVIDER NUMBER 10 502 511 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHE	ST LEVEL	OF CAF	RE.		
COBOL NAME: RELATED-PROV-NUM	7 0	F.C.O.	-7-	3.7	DD0110 C0 F
		569	5/5	N	PROV0695
THE NUMBER OF FULL TIME EQUIVALENT ACT					
PROFESSIONALS UNDER CONTRACT TO A FACI	LITY.				
COBOL NAME: NUM-ACT-THER-CONTRACT	7 0	F76	F00	3.7	DD0110700
ACTIVITY PROFESSIONAL - FULL TIME		5/6	582	N	PROVU / UU
THE NUMBER OF FULL-TIME EQUIVALENT ACT					
PROFESSIONALS EMPLOYED FULL TIME BY A	FACILITY.				
COBOL NAME: NUM-ACT-THER-FULL-TIME	7.0	F 0 0	F 0 0		DD0110705
		583	589	N	PROV0705
THE NUMBER OF FULL-TIME EQUIVALENT ACT					
PROFESSIONALS EMPLOYED PART TIME BY A	FACILITY.				
COBOL NAME: NUM-ACT-THER-PART-TIME	7.0	F 0 0	F 0 6		DD 0110 710
ADMINISTRATION - CONTRACT				N	PROV0710
THE NUMBER OF FULL-TIME EQUIVALENT ADM	IINISTRATI	VE STA	YE.E.		
UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-ADMN-CONTRACT	7.0	F 0 7	600		DD 011071F
ADMINISTRATOR - FULL TIME				N	PROVU/15
THE NUMBER OF FULL-TIME EQUIVALENT ADM		VE STA	YE.E.		
EMPLOYED ON A FULL TIME BASIS BY A FAC	ILITY.				
COBOL NAME: NUM-ADMN-FULL-TIME	7.0	604	610		DD 0110 7 0 0
ADMINISTRATOR - PART TIME				N	PROV0720
THE NUMBER OF FULL-TIME EQUIVALENT ADM		VE STA	YF.F.		
EMPLOYED ON A PART-TIME BASIS BY A FAC	ILITY.				
COBOL NAME: NUM-ADMN-PART-TIME			610	~	
ADMISSION SUSPENSION DATE			618	C	PROV0030
THE DATE THAT PAYMENTS FOR NEW ADMISSI	-	-			
TERM CARE FACILITY WILL BE DENIED IF A		DIATE			
SANCTION IS TAKEN AGAINST THE FACILITY	•				
COBOL NAME: ADMIN-SUSP-DT	4	610	600		
BEDS - MEDICARE SNF			622	N	PROV1445
NUMBER OF MEDICARE CERTIFIED SNF BEDS	IN A FACI	ΤΤ.Τ.Α.			
COBOL NAME: NUM-T18-SNF-BEDS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

BEDS - NURSING FACILITY 4 623 626 N PROV1455 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY.

COBOL NAME: NUM-T19-SNF-BEDS					
BEDS - SNF/NF	4	627	630	N	PROV1450
NUMBER OF BEDS CERTIFIED FOR BOTH MEDIC					
SKILLED NURSING CARE IN A LONG TERM CAR	RE FACILI	TY.			
COBOL NAME: NUM-T1819-SNF-BEDS					
CERT NURSE AIDES - CONTRACT			637	N	PROV1000
THE NUMBER OF FULL-TIME EQUIVALENT CERT	'IFIED NU	JRSE			
AIDES UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-NURSE-AID-CONTRACT	7 0	620	C 1 1	2.7	PROV1005
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERT	–		644	IN	PROVIOUS
AIDES EMPLOYED BY A FACILITY ON A FULL					
COBOL NAME: NUM-NURSE-AID-FULL-TIME	TIME DAY				
CERT NURSE AIDES - PART TIME	7.2	645	651	N	PROV1010
THE NUMBER OF FULL-TIME EQUIVALENT CERT	IFIED NU	JRSE			
AIDES EMPLOYED BY A FACILITY ON A PART	TIME BAS	SIS.			
COBOL NAME: NUM-NURSE-AID-PART-TIME					
CHRISTIAN SCIENCE INDICATOR				С	PROV0110
INDICATES IF A PROVIDER IS A CHRISTIAN	SCIENCE	FACILI	TY		
COBOL NAME: CHRISTIAN-SCIENCE-IND					
VALUES: Y CHRISTIAN	SCIENCE	i.			
COMPLIANCE: BEDS PER ROOM WAIVER	1	653	653	C	PROV0225
INDICATES IF A WAIVER OF THE BEDS PER F				C	11000223
HAS BEEN RECOMMENDED FOR A FACILITY.			. –		
COBOL NAME: COMPL-BEDS-PER-ROOM					
VALUES: 1 WAIVER RE	COMMENDE	ED			
COMPLIANCE: PATIENT ROOM SIZE		654	654		
INDICATES IF A WAIVER OF PATIENT ROOM S			001	C	PROV0270
DECOMPRESEDED FOR A FACTATELL	SIZE HAS	BEEN	001	C	PROV0270
RECOMMENDED FOR A FACILITY.	SIZE HAS	BEEN	031	C	PROV0270
COBOL NAME: COMPL-PATIENT-ROOM-SZ			031	C	PROV0270
			001	C	PROV0270
COBOL NAME: COMPL-PATIENT-ROOM-SZ	COMMENDE	ED			
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE	COMMENDE	ED 655			
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE	COMMENDE 1 STERED 1	ED 655 JURSE			
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A COBOL NAME: COMPL-7-DAY-RN	COMMENDE 1 STERED 1 SNF OR	655 JURSE NF.			
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A	COMMENDE 1 STERED 1 SNF OR	655 JURSE NF.			
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RE	COMMENDE 1 STERED N SNF OR	655 NURSE NF.	655	С	PROV0295
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RE DENTISTS - CONTRACT	COMMENDE 1 STERED N SNF OR COMMENDE 7.2	655 NURSE NF.	655	С	
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RE DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENT	COMMENDE 1 STERED N SNF OR COMMENDE 7.2	655 NURSE NF.	655	С	PROV0295
COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RE COMPLIANCE: 7 DAY REGISTERED NURSE INDICATES IF A WAIVER OF THE 7 DAY REGI REQUIREMENTS HAS BEEN RECOMMENDED FOR A COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RE DENTISTS - CONTRACT	COMMENDE 1 STERED N SNF OR COMMENDE 7.2	655 NURSE NF.	655	С	PROV0295

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12
SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME
DENTISTS - FULL TIME 7.2 663 669 N PROV0790

DENTISTS - FULL TIME 7.2 663 669 N PROV0790
THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED
BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 670 676 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 677 683 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

DIETITIANS - FULL TIME 7.2 684 690 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME

DIETITIANS - PART TIME 7.2 691 697 N PROV0815

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DIET-PART-TIME

EXPERIMENTAL RESEARCH CONDUCTED 1 698 698 C PROV0465

INDICATES IF A FACILITY USES RESIDENTS TO DEVELOP AND

TEST CLINICAL TREATMENTS.

COBOL NAME: EXPER-RESEARCH

VALUES: Y YES

FOOD SERVICE - CONTRACT 7.2 699 705 N PROV0860

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-FOOD-SRV-CONTRACT

FOOD SERVICE - FULL TIME 7.2 706 712 N PROV0865

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-FULL-TIME

FOOD SERVICE - PART TIME 7.2 713 719 N PROV0870

THE NUMBER OF FULL-TIME EQUIVALENT FOOD SERVICE

PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-FOOD-SRV-PART-TIME

HOUSEKEEPING - CONTRACT 7.2 720 726 N PROV0925

THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING

PERSONNEL UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-HOUSE-CONTRACT

HOUSEKEEPING - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT HOUSEKEEPING

PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-HOUSE-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

7.2 727 733 N PROV0930

HOUSEKEEPING - PART TIME 7.2 734 740 N PROV0935

THE NUMBER OF FULL-TIME EOUIVALENT HOUSEKEEPING

PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-HOUSE-PART-TIME

LPN/LVN - CONTRACT 7.2 741 747 N PROV1465

THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/

VOCATIONAL NURSES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-VOC-NURSE-CONTRACT

LPN/LVN - FULL TIME 7.2 748 754 N PROV1470

THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/ VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A FULL TIME

COBOL NAME: NUM-VOC-NURSE-FULL-TIME

LPN/LVN - PART TIME 7.2 755 761 N PROV1475

THE NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL/

VOCATIONAL NURSES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-VOC-NURSE-PART-TIME

LTC CROSS REFERENCE PROVIDER # 6 762 767 C PROV0640

THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER

NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY

CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA

LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.

LLI CERTIFIED FORTIONS ARE ASSIGNED SINGLE SNF FROV

COBOL NAME: LTC-CROSS-REF-PROV-NUM

MEDICAL DIRECTOR - CONTRACT 7.2 768 774 N PROV0960

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS

UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-MED-CONTRACT

MEDICAL DIRECTOR - FULL TIME 7.2 775 781 N PROV0965

THE NUMBER OF FULL-TIME EQUIVALENT MEDICAL DIRECTORS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-MED-FULL-TIME

MEDICAL DIRECTOR - PART TIME	7.2	782	788	N	PROV0970
THE NUMBER OF FULL-TIME EQUIVALENT MEDI	CAL DIR	ECTORS			
EMPLOYED BY A FACILITY ON A PART TIME E	BASIS.				
COBOL NAME: NUM-MED-PART-TIME					
MEDICATION AIDES/TECHS-CONTRACT	7.2	789	795	N	PROV5180
THE NUMBER OF FULL-TIMR EQUIVALENT MEDI	CATION .	AIDES/			
TECHNICIANS UNDER CONTRACT TO A FACILIT	Υ.				
COBOL NAME: NUM-MED-AID-CONTRACT					
MEDICATION AIDES/TECHS-FULL TIME	7.2	796	802	N	PROV5170
THE NUMBER OF FULL-TIME EQUIVALENT MEDI	CATION .	AIDES/			
TECHNICIANS EMPLOYED BY A FACILITY ON A	FULL T	IME			
BASIS.					
COBOL NAME: NUM-MED-AID-FULL-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 14 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME MEDICATION AIDES/TECHS-PART TIME 7.2 803 809 N PROV5175 THE NUMBER OF FULL-TIME EQUIVALENT MEDICATION AIDES/ TECHNICIANS EMPLOYED BYA FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MED-AID-PART-TIME MENTAL HEALTH SERVICES - CONTRACT 7.2 810 816 N PROV0980 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-MEN-HLTH-CONTRACT MENTAL HEALTH SERVICES - FULL TIME 7.2 817 823 N PROV0985 THE NUMBER OF FULL-TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME MENTAL HEALTH SERVICES - PART TIME 7.2 824 830 N PROV0990 THE NUMBER OF FULL TIME EQUIVALENT MENTAL HEALTH SERVICES PERSONNEL EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME MULTI-FACILITY ORGANIZATION NAME 38 831 868 C PROV0680 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG

MULTI-FACILITY ORGANIZATION OWNED	1	869	869	C	PROV0675
INDICATES IF A FACILITY IS OWNED BY AN OR	GANIZA	ATION			
THAT OWNS (OR LEASES) TWO OR MORE NURSING	FACII	LITIES.			
COBOL NAME: MULT-FACL-ORG					
VALUES: Y YES					
NURSE AIDES IN TRNG - CONTRACT	7.2	870	876	N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE AIDE	S IN T	TRAINING	3		
UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-AID-TRNG-CONTRACT					
NURSE AIDES IN TRNG-FULL TIME	7.2	877	883	N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NURSE					
TRAINING EMPLOYED BY A FACILITY ON A FULL	TIME	BASIS.			
COBOL NAME: NUM-AID-TRNG-FULL-TIME					
NURSE AIDES IN TRNG-PART TIME			890	N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NURSE					
TRAINING EMPLOYED BY A FACILITY ON A PART	TIME	BASIS.			
COBOL NAME: NUM-AID-TRNG-PART-TIME					
NURSES WITH ADMIN DUTIES-CONTRACT		891	897	N	PROV5150
THE NUMBER OF FULL-TIME EQUIVALENT NURSES					
ADMINISTRATIVE DUTIES UNDER CONTRACT TO A	FACII	LITY.			
COBOL NAME: NUM-NURSE-ADM-CONTRACT					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 898 904 N PROV5135
THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH
ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL
TIME BASIS.
COBOL NAME: NUM-NURSE-ADM-FULL-TIME
NURSES WITH ADMIN DUTIES-PART TIME 7.2 905 911 N PROV5145

NURSES WITH ADMIN DUTIES-PART TIME 7.2 905 911 N PROV5145 NUMBER OF FULL-TIME EQUIVALENT NURSES WITH ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT 7.2 912 918 N PROV1020

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

OCCUP THERAPY AIDE - FULL TIME				N	PROV1025
THE NUMBER OF FULL-TIME EQUIVALENT OC	CUPATIONAL 7	THERAE	Ϋ́		
AIDES EMPLOYED BY A FACILITY ON A FUL	L TIME BASIS	S.			
COBOL NAME: NUM-OCC-AID-FULL-TIME					
OCCUP THERAPY AIDE - PART TIME	7.2	926	932	N	PROV1030
THE NUMBER OF FULL-TIME EQUIVALENT OC	CUPATIONAL ?	THERAE	PΥ		
AIDES EMPLOYED BY A FACILITY ON A PAR	T TIME BASIS	S.			
COBOL NAME: NUM-OCC-AID-PART-TIME					
OCCUP THERAPY ASST - CONTRACT	7.2	933	939	N	PROV5195
THE NUMBER OF FULL TIME EQUIVALENT OC	CUPATIONAL ?	THERAE	PΥ		
ASSISTANTS UNDER CONTRCAT TO A FACILI	TY.				
COBOL NAME: NUM-OCC-ASST-CONTRACT					
	7.2			N	PROV5185
THE NUMBER OF FULL-TIME EQUIVALENT OC	CUPATIONAL ?	THERAE	PΥ		
ASSISTANTS EMPLOYED BY A FACILITY ON A	A FULL TIME	BASIS	5.		
COBOL NAME: NUM-OCC-ASST-FULL-TIME					
OCCUP THERAPY ASST - PART TIME				N	PROV5190
THE NUMBER OF FULL-TIME EQUIVALENT OC					
ASSISTANTS EMPLOYED BY A FACILITY ON .	A PART TIME	BASIS	5.		
COBOL NAME: NUM-OCC-ASST-PART-TIME					
OCCUPATIONAL THERAPIST - CONTRACT		954	960	N	PROV1035
THE NUMBER OF FULL-TIME EQUIVALENT OC					
THERAPISTS UNDER CONTRACT TO A FACILI	TY.				
COBOL NAME: NUM-OCC-THER-CONTRACT					
OCCUPATIONAL THERAPIST - FULL TIME		961	967	N	PROV1040
THE NUMBER OF FULL-TIME EQUIVALENT OC					
THERAPISTS EMPLOYED BY A FACILITY ON .	A FULL TIME	BASIS	5.		
COBOL NAME: NUM-OCC-THER-FULL-TIME					
OCCUPATIONAL THERAPIST - PART TIME		968	974	N	PROV1045
THE NUMBER OF FULL-TIME EQUIVALENT OC			_		
THERAPISTS EMPLOYED BY A FACILITY ON A	A PART TIME	BASIS	· .		
COBOL NAME: NUM-OCC-THER-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 16

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ORGANIZED FAMILY GROUP 1 975 975 C PROV1535 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS.
COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES

ORGANIZED RESIDENT GROUP INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP.			976	С	PROV1540
COBOL NAME: ORG-RESID-GRP VALUES: Y YES					
OTHER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PERSON IN ANY OTHER CATEGORIES UNDER CONTRACT TO COBOL NAME: NUM-OTH-CONTRACT	NS NOT	INCLUD	ED	N	PROV3265
OTHER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSON IN ANY OTHER CATEGORIES EMPLOYED BY THE NEW THEORY IN THE NUMBER OF T	NS NOT	INCLUD	ED	N	PROV3245
OTHER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PERSON IN ANY OTHER CATEGORIES EMPLOYED BY THE NEW PART-TIME BASIS. COBOL NAME: NUM-OTH-PART-TIME	NS NOT FACILIT	INCLUD	ED	N	PROV3255
OTHER ACTIVITIES STAFF-CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR OTHER COBOL NAME: NUM-OTH-ACT-CONTRACT			1004	N	PROV5270
OTHER ACTIVITIES STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR OTHER COBOL NAME: NUM-OTH-ACT-FULL-TIME	7.2 R ACTIV		1011	N	PROV5260
				N	PROV5305
OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER UNDER CONTRACT TO A FACILITY COROL NAME: NUM-OTH-PHY-CONTRACT	PHYSIC	CIANS		N	PROV1060
OTHER PHYSICIAN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER EMPLOYED BY A FACILITY ON A FULL TIME BAS COBOL NAME: NUM-OTH-PHY-FULL-TIME	PHYSIC		1032	N	PROV1065
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER EMPLOYED BY A FACILITY ON A PART TIME BAS COBOL NAME: NUM-OTH-PHY-PART-TIME	PHYSIC	1033 CIANS	1039	N	PROV1070

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 17

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION OTHR SOCIAL SERV STAFF-CONTRACT	LEN	START	END	TYPE	SAS NAME
NUMBER OF CONTRACT STAFF HOURS PROVIDED SERVICES STAFF.				б И	PROV5300
COBOL NAME: NUM-OTH-SOC-CONTRACT OTHR SOCIAL SERV STAFF-FULL TIME NUMBER OF FULL-TIME STAFF HOURS PROVIDED L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-FULL-TIME				3 N	PROV5290
OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDED L SERVICES STAFF. COBOL NAME: NUM-OTH-SOC-PART-TIME				N C	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARM CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	, • =			7 N	PROV1085
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARM BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME				4 N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARM BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-PHAR-PART-TIME				1 N	PROV1095
PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYS: ISTANTS. COBOL NAME: NUM-THER-ASST-CONTRACT				8 N	PROV5210
PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYS SISTANTS. COBOL NAME: NUM-THER-ASST-FULL-TIME				5 N	PROV5200
PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYS SISTANTS. COBOL NAME: NUM-THER-ASST-PART-TIME				2 N	PROV5205
PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL UNDER CONTRACT TO A FACILITY.	ICAL T	HERAPIS		9 N	PROV1430
PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYSICAL THE BY A FACILITY ON A FULL TIME BY	ICAL T			6 N	PROV1435

COBOL NAME: NUM-THER-FULL-TIME

PHYSICAL THERAPISTS - PART TIME 7.2 1117 1123 N PROV1440

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-THER-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

LDATE: 04/03/2000 POS RECOR SNF/NF (DISTINCT PART), CATEGO		E POSI		PAGE: 18
SHORT DESCRIPTION	LEN ST	ART EI	ND TYPE	SAS NAME
PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT			1130 N	PROV1415
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT AIDE EMPLOYED BY A FACILITY ON A FU COBOL NAME: NUM-THER-AID-FULL-TIME	PHYSICAL THER	APY	1137 N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT AIDE EMPLOYED BY A FACILITY ON A PACOBOL NAME: NUM-THER-AID-PART-TIME	PHYSICAL THER	APY	1144 N	PROV1425
THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO THE FACILITY.		ENDERS		
COBOL NAME: NUM-PHYS-EXT-CONTRACT PHYSICIAN EXTENDER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYED BY THE FACILITY ON A FULL- COBOL NAME: NUM-PHYS-EXT-FULL-TIME	PHYSICIAN EXT TIME BASIS.	ENDERS		
PHYSICIAN EXTENDER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT EMPLOYED BY THE FACILITY ON A PART- COBOL NAME: NUM-PHYS-EXT-PART-TIME			1165 N	PROV3260
THE NUMBER OF FULL TIME EQUIVALENT CONTRACT TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT		NDER		
THE NUMBER OF FULL-TIME EQUIVALENT BY A AFCILITY ON A FULL TIME BASIS.		MPLOYEI	O	
PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT	7.2 PODIATRISTS E	1180 I MPLOYEI	1186 N O	PROV1140

BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C PROV1610 PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED FOR A PROVIDER. COBOL NAME: PRIOR-ADMIN-SUSP-DT PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C PROV1640 THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF ADMISSIONS TO A LTC FACILITY. COBOL NAME: PRIOR-RESC-SUSP-DT PROVIDER BASED FACILITY 1 1203 1203 C PROV1675 INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER COBOL NAME: PROV-BASED-FACILITY VALUES: * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 19 SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME Y HOSPITAL BASED REGISTERED NURSE - CONTRACT 7.2 1204 1210 N PROV1150 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-REG-NURSE-CONTRACT REGISTERED NURSE - FULL TIME 7.2 1211 1217 N PROV1155 THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-REG-NURSE-FULL-TIME

REGISTERED NURSE - PART TIME 7.2 1218 1224 N

RN DIRECTOR OF NURSING - CONTRACT 7.2 1233 1239 N

RN DIRECTOR OF NURSING - FULL TIME 7.2 1240 1246 N PROV5120

8 1225 1232 C

THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES

DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS

THE NUMBER OF FULL TIME EQUIVALENT RN DIRECTOR OF NURSI

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

THE NUMBER OF FULL-TIME EQUIVALENT RN DIRECTOR OF NURSING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-REG-NURSE-PART-TIME

NG UNDER CONTRACT TO A FACILITY.
COBOL NAME: NUM-RN-DON-CONTRACT

RESCIND SUSPENSION DATE

COBOL NAME: RESC-SUSP-DT

PROV1160

PROV1825

PROV5130

COBOL NAME: NUM-RN-DON-FULL-TIME					
RN DIRECTOR OF NURSING - PART TIME	7.2	1247	1253	N	PROV5140
THE NUMBER OF FULL-TIME EQUIVALENT RN D	IRECTOR	OF			
NURSING EMPLOYED BY A FACILITY ON A PART	r TIME F	BASIS.			
COBOL NAME: NUM-RN-DON-PART-TIME					
SOCIAL WORKER - CONTRACT	7.2	1254	1260	N	PROV1170
THE NUMBER OF FULL-TIME EQUIVALENT SOCIA					
UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SOCIAL-CONTRACT					
SOCIAL WORKER - FULL TIME	7.2	1261	1267	N	PROV1175
THE NUMBER OF FULL-TIME EQUIVALENT SOCIA					
EMPLOYED BY A FACILITY ON A FULL TIME BA	ASIS.				
COBOL NAME: NUM-SOCIAL-FULL-TIME					
SOCIAL WORKER - PART TIME	7.2	1268	1274	N	PROV1180
THE NUMBER OF FULL-TIME EQUIVALENT SOCIA	AL WORKE	ERS			
EMPLOYED BY A FACILITY ON A PART TIME BA	ASIS.				
COBOL NAME: NUM-SOCIAL-PART-TIME					
SPECIAL CARE BEDS-AIDS	3	1275	1277	N	PROV0725
THE NUMBER OF BEDS IN A UNIT IDENTIFIED	AND DEI	DICATED			
BY THE FACILITY FOR RESIDENTS WITH AIDS					
COBOL NAME: NUM-AIDS-BEDS					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHAP					
1DATE: 04/03/2000 POS RECORD LAYO					
SNF/NF (DISTINCT PART), CATEGORY = '	"03"	(SEE POS	ITIONS	3 3-4)
SHORT DESCRIPTION	LEN	START	END :	TYPE	SAS NAME
SPECIAL CARE BEDS-ALZHEIMERS	3	1278	1280	N	PROV0730
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND	DEDICATED			
BY THE FACILITY FOR RESIDENTS WITH ALZEH	EIME	RS.			
COBOL NAME: NUM-ALZHEIMERS-BEDS					
SPECIAL CARE BEDS-DIALYSIS	3	1281	1283	N	PROV0800
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND	DEDICATED			
BY THE FACILITY FOR RESIDENTS NEEDING DIA	ALYS	IS.			
COBOL NAME: NUM-DIAL-BEDS					
SPECIAL CARE BEDS-DISABLED CHILD	3	1284	1286	N	PROV0855
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND	DEDICATED			
BY THE FACILITY FOR DEISCABLED CHILDREN.					
COBOL NAME: NUM-DIS-CHILD-BEDS					
SPECIAL CARE BEDS-HEAD TRAUMA	3	1287	1289	N	PROV0905
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND	DEDICATED			

BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.

COBOL NAME: NUM-HEAD-TRAUMA-BEDS

SPECIAL CARE BEDS-HOSPICE	3	1290	1292	N	PROV0920
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND DEI	DICATED			
BY A FACILITY FOR RESIDENTS NEEDING HOSP:	ICE SEI	RVICES.			
COBOL NAME: NUM-HOSPICE-BEDS					
SPECIAL CARE BEDS-HUNTINGTONS	3	1293	1295	N	PROV0940
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND DEI	DICATED			
BY THE FACILITY FOR RESIDENTS WITH HUNTIN	NGTON'S	S DISEA	SE		
COBOL NAME: NUM-HUNTING-DIS-BEDS					
SPECIAL CARE BEDS-SPEC REHAB	3	1296	1298	N	PROV1205
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND DEI	DICATED			
BY THE FACILITY FOR RESIDENTS WITH SPECIA	ALIZED	REHAB			
NEEDS.					
COBOL NAME: NUM-SPEC-REHAB-BEDS					
SPECIAL CARE BEDS-VENTILATOR	3	1299	1301	N	PROV1460
THE NUMBER OF BEDS IN A UNIT IDENTIFIED A	AND DEI	DICATED			
BY THE FACILITY FOR RESIDENTS WITH VENTI	LATOR/				
RESIPIRATORY CARE NEEDS.					
COBOL NAME: NUM-VENT-RESP-BEDS					
SPEECH PATHOLOGIST - CONTRACT				N	PROV1190
THE NUMBER OF FULL-TIME EQUIVALENT SPEECE	H PATH	OLOGIST	S		
UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-SPCH-PATH-CONTRACT					
SPEECH PATHOLOGIST - FULL TIME				N	PROV1195
THE NUMBER OF FULL-TIME EQUIVALENT SPPECE	H PATH	OLOGIST	S		
EMPLOYED BY A FACILITY ON A FULL TIME BAS	SIS.				
COBOL NAME: NUM-SPCH-PATH-FULL-TIME					
SPEECH PATHOLOGIST - PART TIME	7.2	1316	1322	N	PROV1200
THE NUMBER OF FULL-TIME EQUIVALENT SPEECE	H PATH	OLOGIST	S		
EMPLOYED BY A FACILITY ON A PART TIME BAS	SIS.				
COBOL NAME: NUM-SPCH-PATH-PART-TIME					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 21

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1323 C PROV3390 INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1324 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1325 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1326 1326 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

SERVICE IS NOT PROVIDED VALUES: N

> Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1327 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 1329 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS PROVIDED SERVICE IS NOT PROVIDED

Y

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME

SRV: CLINICAL LAB-ONSITE-NON RES 1 1330 1330 C PROV3490 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1331 C PROV3485 INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-CLIN-LAB-ON-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: DENTAL-OFFSITE-RESIDENTS 1 1332 C PROV3435 INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: DENTAL-ONSITE-NON RESIDENTS 1 1333 C PROV3430 INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-DENTAL-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED 1 1334 1334 C PROV3425 SRV: DENTAL-ONSITE-RESIDENTS INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-DENTAL-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 C PROV3345 INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-DIETARY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340 INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DIETARY-ONSITE-RESIDENTS 1 1337 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1338 1338 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 1339 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 1340 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: NURSING-OFFSITE-RESIDENTS 1 1344 1344 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1345 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1346 1346 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1351 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1352 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1353 1353 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED
Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1357 1357 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHARMACY-ONSITE-RESIDENTS 1 1358 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1359 1359 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1360 1360 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 1364 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1365 C PROV3285 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO COBOL NAME: SP-PHYS-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1366 C PROV3280 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PHYS-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 C PROV3275 INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PHYS-ON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450 INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO RESIDENTS. COBOL NAME: SP-PODIATRY-OFF-RES VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 C PROV3445 INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO NON RESIDENTS. COBOL NAME: SP-PODIATRY-ON-NON-RES VALUES: N SERVICE IS NOT PROVIDED SERVICE IS PROVIDED SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440 INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO RESIDENTS. COBOL NAME: SP-PODIATRY-ON-RES

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 C PROV3405

VALUES: N SERVICE IS NOT PROVIDED

VALUES: N

Y

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1372 1372 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1373 1373 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1374 1374 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1375 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 1378 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1379 1379 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 1381 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 1384 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1385 1385 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30

SNF/NF (DISTINCT PART), CATEGORY = "03" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

THER REC SPEC - CONTRACT 7.2 1386 1392 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1393 1399 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1400 1406 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROVIO85

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 TITLE 18 ONLY

03 TITLE 18/19

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 04 SKILLED NURSING FACILITIES

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHI TAKEN PLACE FOR A PARTICULAR PROVIDER.	2 P (CHOW	-	6	N	PROV0095
COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY		15 D.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF DEFICIENCIES.				С	PROV0220
COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE	BASED	ON ACC	EPTAB	LE PO	C
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS I WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL	1 N COMPI		44	С	PROV2715
VALUES: A IN COMPLIA B NOT IN COM					
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WH IS LOCATED. COBOL NAME: SSA-COUNTY	-		47	С	PROV2695
COSOL NAME: SSA-COUNTI CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICUL COBOL NAME: CROSS-REF-PROV-NUM		10	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

00280

OODOL IIII.		•
VALUES:	00010	BLUE CROSS (ALABAMA)
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	САНАВА
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 139 148 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 149 149 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED PENDING WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES: 01 I BOSTON II NEW YORK 02 03 III PHILADELPHIA 04 IV ATLANTA 0.5 V CHICAGO VI DALLAS 06 0.7 VII KANSAS CITY 0.8 VIII DENVER IX SAN FRANCISCO 09 10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO COLORADO

CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FL FLORIDA GA GEORGIA

GU GUAM HI HAWAII

IA IOWA ID IDAHO

IL ILLINOIS
IN INDIANA

KS KANSAS KY KENTUCKY

LA LOUISIANA

MA MASSACHUSETTS

MD MARYLAND ME MAINE

ME MAINE MICHIGAN

MN MINNESOTA MO MISSOURI

MP SAIPAN

MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN
WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA
04 ARKANSAS
05 CALIFORNIA

0.6	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
33	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	
38	OKLAHOMA OREGON
39	PENNSYLVANIA
40	PUERTO RICO
40	FOERIO RICO
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS	
	, CATEGORY = "04" (SEE POSITIONS 3-4)
	,
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
1.5	000111 21110111

TENNESSEE

44

64	TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN
STATES REGION CODE FOR SELECTED STATES, IDENTIFIE WITHIN THE STATE WHERE THE FA COBOL NAME: STATE-REGION-CD	
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC. COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10 210 219 C PROV1605 OF THE PRIMARY CONTACT OR
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 01	ACTIVE VOL-MERG, CLOSE
02 03 04 05 06	VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

SKILLED NURSING FACILITIES,	CATEGORY :	= "04"	' (SEE	POSIT	IONS 3	-4)
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE THE DATE THE LABORATORY'S CERT THE EXPIRATION DATE OF THE CUR COBOL NAME: EXP-DT-1	IFICATE TE	RMINAT	red or		С	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHI TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1	INITIAL	rific <i>i</i>			С	PROV2880
	RECERTIFICATE TERMINATION					
	CHANGE OF		SHIP			
TYPE OF CONTROL INDICATES THE NATURE OF THE OR A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	GANIZATION				С	PROV2885
02 03 04 05 06	FOR PROFIT FOR PROFIT FOR PROFIT NONPROFIT NONPROFIT GOVERNMENT GOVERNMENT	- PAI - COI - CHUI - CORI - OTHI - STA	RTNERSH RPORATI RCH REL PORATIO ER ATE	IP ON ATED		
	GOVERNMENT GOVERNMENT			m∨		
11	GOVERNMENT GOVERNMENT	- HOS	SPITAL		ICT	
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR COBOL NAME: ZIP-CD	THE PROVI		233	237	С	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE		2	238	239	С	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY		3	240	242	С	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD		3	243	245	С	SSAMSACD

SSA MSA SIZE CODE

COBOL NAME: WS-SSA-MSA-SIZE-CD

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME BEDS - TOTAL 4 285 288 N PROV0740 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS 4 289 292 N BEDS - TOTAL CERTIFIED PROV0755 NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240 INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: 24 HR REGISTERED NURSE 1 353 353 C PROV0290 INDICATES IF A WAIVER OF THE 24 HOUR REGISTERED NURSE REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-24-HR-RN VALUES: 1 WAIVER RECOMMENDED 4 372 375 C FISCAL YEAR ENDING DATE PROV0485 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM PROGRAM PARTICIPATION 1 442 442 C PROV1670 INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI

VALUES: 1 MEDICARE ONLY

2 MEDICAID ONLY

3 MEDICARE AND MEDICAID

REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN TH

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-1

VALUES: Y RECORD HAS BEEN APPROVED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

REGIONAL OVERRIDE #2 (STAFFING) 1 465 465 C PROV1550

THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE

HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS

SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE

ODIE DATA ENTRY SYSTEM.

COBOL NAME: OVERRIDE-2

VALUES: Y RECORD HAS BEEN APPROVED

RELATED PROVIDER NUMBER 10 502 511 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH

DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

ACTIVITY PROFESSIONAL - CONTRACT 7.2 569 575 N PROV0695

THE NUMBER OF FULL TIME EQUIVALENT ACTIVITIES

PROFESSIONALS UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-ACT-THER-CONTRACT

ACTIVITY PROFESSIONAL - FULL TIME 7.2 576 582 N PROVO700

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES

PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY.

COBOL NAME: NUM-ACT-THER-FULL-TIME

ACTIVITY PROFESSIONAL - PART TIME 7.2 583 589 N PROV0705

THE NUMBER OF FULL-TIME EQUIVALENT ACTIVITIES

PROFESSIONALS EMPLOYED PART TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-PART-TIME ADMINISTRATION - CONTRACT 7.2 590 596 N PROVO710 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT ADMINISTRATOR - FULL TIME 7.2 597 603 N PROV0715 THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A FULL TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-FULL-TIME ADMINISTRATOR - PART TIME 7.2 604 610 N THE NUMBER OF FULL-TIME EQUIVALENT ADMINISTRATIVE STAFF EMPLOYED ON A PART-TIME BASIS BY A FACILITY. COBOL NAME: NUM-ADMN-PART-TIME ADMISSION SUSPENSION DATE 8 611 618 C PROVO030 THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE SANCTION IS TAKEN AGAINST THE FACILITY. COBOL NAME: ADMIN-SUSP-DT BEDS - MEDICARE SNF 4 619 622 N PROV1445 NUMBER OF MEDICARE CERTIFIED SNF BEDS IN A FACILITY. COBOL NAME: NUM-T18-SNF-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11 SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME BEDS - NURSING FACILITY 4 623 626 N PROV1455 NUMBER OF MEDICAID CERTIFIED SKILLED NURSING CARE BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS BEDS - SNF/NF 4 627 630 N PROV1450 NUMBER OF BEDS CERTIFIED FOR BOTH MEDICARE AND MEDICAID SKILLED NURSING CARE IN A LONG TERM CARE FACILITY. COBOL NAME: NUM-T1819-SNF-BEDS CERT NURSE AIDES - CONTRACT 7.2 631 637 N PROV1000 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT CERT NURSE AIDES - FULL TIME 7.2 638 644 N PROV1005 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-NURSE-AID-FULL-TIME CERT NURSE AIDES - PART TIME 7.2 645 651 N PROV1010 THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-NURSE-AID-PART-TIME CHRISTIAN SCIENCE INDICATOR 1 652 652 C PROV0110 INDICATES IF A PROVIDER IS A CHRISTIAN SCIENCE FACILITY COBOL NAME: CHRISTIAN-SCIENCE-IND VALUES: Y CHRISTIAN SCIENCE COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225 INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-BEDS-PER-ROOM VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270 INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN RECOMMENDED FOR A FACILITY. COBOL NAME: COMPL-PATIENT-ROOM-SZ VALUES: 1 WAIVER RECOMMENDED COMPLIANCE: 7 DAY REGISTERED NURSE 1 655 C PROV0295 INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF. COBOL NAME: COMPL-7-DAY-RN VALUES: 1 WAIVER RECOMMENDED 7.2 656 662 N PROV0785 DENTISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-DENTIST-CONTRACT * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME DENTISTS - FULL TIME 7.2 663 669 N PROV0790 THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-DENTIST-FULL-TIME 7.2 670 676 N PROV0795 DENTISTS - PART TIME

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DENTIST-PART-TIME DIETITIANS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT UNDER A FACILITY.			683	N	PROV0805
COBOL NAME: NUM-DIET-CONTRACT DIETITIANS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETITEMPLOYED BY A FACILITY ON A FULL TIME BASE	TIANS	684	690	N	PROV0810
COBOL NAME: NUM-DIET-FULL-TIME DIETITIANS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT DIETIT				N	PROV0815
BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY MEET PROJECTION OF THE PARTY MEET PARTY MEET PROJECTION OF THE PARTY MEET PARTY MEE				С	PROV0465
INDICATES IF A FACILITY USES RESIDENTS TO TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES) DEVEL	OP AND			
THE NUMBER OF FULL-TIME EQUIVALENT FOOD SPERSONNEL UNDER CONTRACT TO A FACILITY.			705	N	PROV0860
COBOL NAME: NUM-FOOD-SRV-CONTRACT FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD S	SERVICE			N	PROV0865
PERSONNEL EMPLOYED BY A FACILITY ON A FUI COBOL NAME: NUM-FOOD-SRV-FULL-TIME	LL TIME	BASIS	•		
FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD S			719	N	PROV0870
PERSONNEL EMPLOYED BY A FACILITY ON A PAR					
COBOL NAME: NUM-FOOD-SRV-PART-TIME HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSEF PERSONNEL UNDER CONTRACT TO A FACILITY.			726	N	PROV0925
COBOL NAME: NUM-HOUSE-CONTRACT HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSEF PERSONNEL EMPLOYED BY A FACILITY ON A FUI COBOL NAME: NUM-HOUSE-FULL-TIME	KEEPING			N	PROV0930

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
HOUSEKEEPING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSE PERSONNEL EMPLOYED BY A FACILITY ON A PACOBOL NAME: NUM-HOUSE-PART-TIME	EKEEPI			N	PROV0935
LPN/LVN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT LICEN VOCATIONAL NURSES UNDER CONTRACT TO A FA COBOL NAME: NUM-VOC-NURSE-CONTRACT	NSED P	RACTICA		N	PROV1465
LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICEN VOCATIONAL NURSES EMPLOYED BY A FACILITY BASIS. COBOL NAME: NUM-VOC-NURSE-FULL-TIME	NSED P	RACTICA	L/	N	PROV1470
LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICEN VOCATIONAL NURSES EMPLOYED BY A FACILITY BASIS. COBOL NAME: NUM-VOC-NURSE-PART-TIME	NSED P	RACTICA	L/	N	PROV1475
LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES I NUMBERS THAT WERE TERMINATED IN 1985 BEC CHANGES WHICH STATES THAT SNF/ICF DISTIN LLY CERTIFIED PORTIONS ARE ASSIGNED SINC COBOL NAME: LTC-CROSS-REF-PROV-NUM	CAUSE NCT PA	OVIDER OF POLI RTS OR	CY DUA	С	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDIC UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT		768 RECTORS		N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDIC EMPLOYED BY A FACILITY ON A FULL TIME BA COBOL NAME: NUM-MED-FULL-TIME	CAL DI	775 RECTORS		N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDIC EMPLOYED BY A FACILITY ON A PART TIME BA COBOL NAME: NUM-MED-PART-TIME	CAL DI ASIS.	782 RECTORS		N	PROV0970
MEDICATION AIDES/TECHS-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDIC TECHNICIANS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-MED-AID-CONTRACT	CATION	789 AIDES/		N	PROV5180
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDIC TECHNICIANS EMPLOYED BY A FACILITY ON A BASIS.	CATION			N	PROV5170

COBOL NAME: NUM-MED-AID-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHA 1DATE: 04/03/2000 POS RECORD LAY SKILLED NURSING FACILITIES, CATEGORY	OUT		,	,	PAGE: 14
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDIC TECHNICIANS EMPLOYED BYA FACILITY ON A P BASIS.	ATION	AIDES/		N	PROV5175
THE NUMBER OF FULL-TIME EQUIVALENT MENTA SERVICES PERSONNEL UNDER CONTRACT TO A F COBOL NAME: NUM-MEN-HLTH-CONTRACT	L HEAL ACILIT	TH Y.			PROV0980
MENTAL HEALTH SERVICES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MENTA SERVICES PERSONNEL EMPLOYED BY A FACILIT TIME BASIS. COBOL NAME: NUM-MEN-HLTH-FULL-TIME	L HEAL	TH	823	N	PROV0985
MENTAL HEALTH SERVICES - PART TIME THE NUMBER OF FULL TIME EQUIVALENT MENTA SERVICES PERSONNEL EMPLOYED BY A FACILIT TIME BASIS. COBOL NAME: NUM-MEN-HLTH-PART-TIME	L HEAL	TH	830	N	PROV0990
MULTI-FACILITY ORGANIZATION NAME THE NAME OF THE MULTI-FACILITY ORGANIZAT THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG				С	PROV0680
	RGANIZ	ATION		С	PROV0675
NURSE AIDES IN TRNG - CONTRACT NUMBER OF FULL TIME EQUIVALENT NURSE AID UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-AID-TRNG-CONTRACT				N	PROV5165
NURSE AIDES IN TRNG-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE			883	N	PROV5155

TRAINING EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-AID-TRNG-FULL-TIME

NURSE AIDES IN TRNG-PART TIME 7.2 884 890 N PROV5160

THE NUMBER OF FULL-TIME EQUIVALENT NURSE AIDES IN

TRAINING EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-AID-TRNG-PART-TIME

NURSES WITH ADMIN DUTIES-CONTRACT 7.2 891 897 N PROV5150

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-NURSE-ADM-CONTRACT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 15

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NURSES WITH ADMIN DUTIES-FULL TIME 7.2 898 904 N PROV5135

THE NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A FULL

TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-FULL-TIME

NURSES WITH ADMIN DUTIES-PART TIME 7.2 905 911 N PROV5145

NUMBER OF FULL-TIME EQUIVALENT NURSES WITH

ADMINISTRATIVE DUTIES EMPLOYED BY A FACILITY ON A

PART TIME BASIS.

COBOL NAME: NUM-NURSE-ADM-PART-TIME

OCCUP THERAPY AIDE - CONTRACT 7.2 912 918 N PROV1020

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL

THERAPY AIDES UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-OCC-AID-CONTRACT

OCCUP THERAPY AIDE - FULL TIME 7.2 919 925 N PROV1025

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OCC-AID-FULL-TIME

OCCUP THERAPY AIDE - PART TIME 7.2 926 932 N PROV1030

THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPY

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OCC-AID-PART-TIME

OCCUP THERAPY ASST - CONTRACT 7.2 933 939 N PROV5195

THE NUMBER OF FULL TIME EQUIVALENT OCCUPATIONAL THERAPY

ASSISTANTS UNDER CONTRCAT TO A FACILITY.

COBOL NAME: NUM-OCC-ASST-CONTRACT

OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OC ASSISTANTS EMPLOYED BY A FACILITY ON COBOL NAME: NUM-OCC-ASST-FULL-TIME	CCUPATIONAL	THERA	.PY	N	PROV5185	
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OC ASSISTANTS EMPLOYED BY A FACILITY ON COBOL NAME: NUM-OCC-ASST-PART-TIME	CCUPATIONAL	THERA	.PY	N	PROV5190	
OCCUPATIONAL THERAPIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OC THERAPISTS UNDER CONTRACT TO A FACILI COBOL NAME: NUM-OCC-THER-CONTRACT	CCUPATIONAL	954	960	N	PROV1035	
OCCUPATIONAL THERAPIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OC THERAPISTS EMPLOYED BY A FACILITY ON COBOL NAME: NUM-OCC-THER-FULL-TIME	CCUPATIONAL			N	PROV1040	
OCCUPATIONAL THERAPIST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OC THERAPISTS EMPLOYED BY A FACILITY ON COBOL NAME: NUM-OCC-THER-PART-TIME	CCUPATIONAL			N	PROV1045	
INDICATES THIS FIELD HAS BEEN ADDED OR POS RECORD SKILLED NURSING FACILITIES, CATEGO	LAYOUT		, -	,	PAGE: 16	

1DA SHORT DESCRIPTION LEN START END TYPE SAS NAME ORGANIZED FAMILY GROUP 1 975 975 C PROV1535 INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP VALUES: Y YES ORGANIZED RESIDENT GROUP 976 976 C PROV1540 INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP VALUES: Y YES OTHER - CONTRACT 7.2 977 983 N PROV3265 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT

7.2 984 990 N PROV3245

OTHER - FULL TIME

THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.

COBOL NAME: NUM-OTH-FULL-TIME

OTHER - PART TIME 7.2 991 997 N PROV3255
THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED
IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A
PART-TIME BASIS.

COBOL NAME: NUM-OTH-PART-TIME

OTHER ACTIVITIES STAFF-CONTRACT 7.2 998 1004 N PROV5270 NUMBER OF CONTRACT STAFF HOURS FOR OTHER ACTIVITIES.

OTHER ACTIVITIES STAFF-FULL TIME 7.2 1005 1011 N PROV5260

NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES.
COBOL NAME: NUM-OTH-ACT-FULL-TIME

OTHER ACTIVITIES STAFF-PART TIME 7.2 1012 1018 N PROV5305

NUMBER OF PART TIME STAFF HOURS PROVIDED BY OTHER ACTIV ITIES STAFF.

COBOL NAME: NUM-OTH-ACT-PART-TIME

COBOL NAME: NUM-OTH-ACT-CONTRACT

OTHER PHYSICIAN - CONTRACT 7.2 1019 1025 N PROV1060

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS UNDER CONTRACT TO A FACILITY

COBOL NAME: NUM-OTH-PHY-CONTRACT

OTHER PHYSICIAN - FULL TIME 7.2 1026 1032 N PROV1065

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-OTH-PHY-FULL-TIME

OTHER PHYSICIAN - PART TIME 7.2 1033 1039 N PROV1070

THE NUMBER OF FULL-TIME EQUIVALENT OTHER PHYSICIANS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-OTH-PHY-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 17

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

OTHR SOCIAL SERV STAFF-CONTRACT 7.2 1040 1046 N PROV5300

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY OTHER SOCIAL SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-CONTRACT

OTHR SOCIAL SERV STAFF-FULL TIME 7.2 1047 1053 N PROV5290

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY OTHER SOCIA

L SERVICES STAFF.

COBOL NAME: NUM-OTH-SOC-FULL-TIME

OTHR SOCIAL SERV STAFF-PART TIME NUMBER OF PART-TIME STAFF HOURS PROVIDE L SERVICES STAFF.				N	PROV5295
COBOL NAME: NUM-OTH-SOC-PART-TIME PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARM CONTRACT TO A FACILITY.				N	PROV1085
THE NUMBER OF FULL-TIME EQUIVALENT PHARMBY A FACILITY ON A FULL TIME BASIS.				N	PROV1090
COBOL NAME: NUM-PHAR-FULL-TIME PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARM BY A FACILITY ON A PART TIME BASIS.				N	PROV1095
COBOL NAME: NUM-PHAR-PART-TIME PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYS ISTANTS.				N	PROV5210
COBOL NAME: NUM-THER-ASST-CONTRACT PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHY SISTANTS.				N	PROV5200
COBOL NAME: NUM-THER-ASST-FULL-TIME PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHY SISTANTS.	7 • 2			N	PROV5205
COBOL NAME: NUM-THER-ASST-PART-TIME PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYS UNDER CONTRACT TO A FACILITY.	7.2 ICAL TH	1103 ERAPIST	1109 TS	N	PROV1430
COBOL NAME: NUM-THER-CONTRACT PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYS EMPLOYED BY A FACILITY ON A FULL TIME B.	ICAL TH			N	PROV1435
COBOL NAME: NUM-THER-FULL-TIME PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYS EMPLOYED BY A FACILITY ON A PART TIME B. COBOL NAME: NUM-THER-PART-TIME	ICAL TH			N	PROV1440

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 18

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHY AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT	YSICAL THER	RAPY			
PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHY AIDE EMPLOYED BY A FACILITY ON A FULL COBOL NAME: NUM-THER-AID-FULL-TIME		RAPY	1137	N	PROV1420
PHYSICAL THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHY AIDE EMPLOYED BY A FACILITY ON A PART COBOL NAME: NUM-THER-AID-PART-TIME	YSICAL THER TIME BASIS	RAPY			
PHYSICIAN EXTENDER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHY UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	YSICIAN EXT	ENDER!	5		
THE NUMBER OF FULL-TIME EQUIVALENT PHEMPLOYED BY THE FACILITY ON A FULL-TIME COBOL NAME: NUM-PHYS-EXT-FULL-TIME	ME BASIS.	ENDER	5		
THE NUMBER OF FULL-TIME EQUIVALENT PHEMPLOYED BY THE FACILITY ON A PART-TIME COBOL NAME: NUM-PHYS-EXT-PART-TIME	ME BASIS.	ENDER:	5		
THE NUMBER OF FULL TIME EQUIVALENT PORTION TO A FACILITY. COBOL NAME: NUM-POD-CONTRACT		INDER			
PODIATRISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT POPER A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	DIATRISTS E	MPLOY	ED		
BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME PODIATRISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PODE A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-POD-PART-TIME					
COBOL NAME: NUM-POD-PART-TIME PRIOR ADMISSION SUSPENSION DATE PREVIOUS DATE A SUSPENSION OF ADMISSION FOR A PROVIDER. COBOL NAME: PRIOR-ADMIN-SUSPEDT	ONS WAS INV	OKED			
COBOL NAME: PRIOR-ADMIN-SUSP-DT PRIOR RESCIND SUSPENSION DATE THE EFFECTIVE DATE OF A PREVIOUS SUSPENDENT OF A LTC FACILITY. COBOL NAME: PRIOR-RESC-SUSP-DT		1195	1202	С	PROV1640
PROVIDER BASED FACILITY INDICATES IF A LONG TERM CARE FACILITY	1 Y IS PROVID		1203	С	PROV1675

BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 19

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y HOSPITAL BASED

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

REGISTERED NURSE - CONTRACT	7 0	1004	1010		DD 01/11 1 E 0
THE NUMBER OF FULL-TIME EQUIVALENT REG			1210	IN	PROVIISU
UNDER CONTRACT TO A FACILITY.	ISTERED	NURSES			
COBOL NAME: NUM-REG-NURSE-CONTRACT					
	7 2	1011	1017	ът	PROV1155
THE NUMBER OF FULL-TIME EQUIVALENT REG			1211	IA	PROVITOD
EMPLOYED BY A FACILITY ON A FULL TIME 1		NOVSES			
COBOL NAME: NUM-REG-NURSE-FULL-TIME	DASIS.				
REGISTERED NURSE - PART TIME	7 2	1218	1224	N	PROV1160
THE NUMBER OF FULL-TIME EQUIVALENT REG			1227	IA	11/0/1100
EMPLOYED BY A FACILITY ON A PART TIME 1		NONOED			
COBOL NAME: NUM-REG-NURSE-PART-TIME	D11010.				
RESCIND SUSPENSION DATE	8	1225	1232	C.	PROV1825
DATE THAT THE SUPENSION OF PAYMENTS FO				Ū	111011010
TO A LONG TERM CARE FACILITY (LTC) IS					
COBOL NAME: RESC-SUSP-DT		•			
RN DIRECTOR OF NURSING - CONTRACT	7.2	1233	1239	N	PROV5130
THE NUMBER OF FULL TIME EQUIVALENT RN					
NG UNDER CONTRACT TO A FACILITY.					
COBOL NAME: NUM-RN-DON-CONTRACT					
CODOL IVILLE NOU IN DON CONTINCT					
RN DIRECTOR OF NURSING - FULL TIME	7.2	1240	1246	N	PROV5120
			1246	N	PROV5120
RN DIRECTOR OF NURSING - FULL TIME	DIRECTOF	ROF	1246	N	PROV5120
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN	DIRECTOF	ROF	1246	N	PROV5120
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FU	DIRECTOF LL TIME	R OF BASIS.			
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FU COBOL NAME: NUM-RN-DON-FULL-TIME	DIRECTOF LL TIME 7.2	OF BASIS.			
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN : NURSING EMPLOYED BY A FACILITY ON A FUL COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME	DIRECTOF LL TIME 7.2 DIRECTOF	BASIS. 1247 OF			
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FU COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A PA	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME	BASIS. 1247 R OF BASIS.	1253	N	PROV5140
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FUL COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A PAR	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME	BASIS. 1247 R OF BASIS.	1253	N	PROV5140
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FU COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A PA	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME 7.2	R OF BASIS. 1247 R OF BASIS. 1254	1253	N	PROV5140
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A FUL COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN NURSING EMPLOYED BY A FACILITY ON A PAR COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCUED OF THE NUMBER OF FULL-TIME EQUIVALENT SOCUED CONTRACT UNDER CONTRACT TO A FACILITY.	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME 7.2	R OF BASIS. 1247 R OF BASIS. 1254	1253	N	PROV5140
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN : NURSING EMPLOYED BY A FACILITY ON A FUL COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN : NURSING EMPLOYED BY A FACILITY ON A PAR COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOC UNDER CONTRACT TO A FACILITY.	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME 7.2 IAL WORK	R OF BASIS. 1247 R OF BASIS. 1254 KERS	1253	N N	PROV5140 PROV1170
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN : NURSING EMPLOYED BY A FACILITY ON A FUL COBOL NAME: NUM-RN-DON-FULL-TIME RN DIRECTOR OF NURSING - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT RN : NURSING EMPLOYED BY A FACILITY ON A PAR COBOL NAME: NUM-RN-DON-PART-TIME SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOC UNDER CONTRACT TO A FACILITY.	DIRECTOF LL TIME 7.2 DIRECTOF RT TIME 7.2 IAL WORK	R OF BASIS. 1247 R OF BASIS. 1254 KERS	1253	N N	PROV5140

COBOL NAME: NUM-SOCIAL-FULL-TIME

SOCIAL WORKER - PART TIME 7.2 1268 1274 N PROV1180

THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SOCIAL-PART-TIME

SPECIAL CARE BEDS-AIDS 3 1275 1277 N PROV0725

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH AIDS.

COBOL NAME: NUM-AIDS-BEDS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 20

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPECIAL CARE BEDS-ALZHEIMERS 3 1278 1280 N PROV0730

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH ALZEHEIMERS.

COBOL NAME: NUM-ALZHEIMERS-BEDS

SPECIAL CARE BEDS-DIALYSIS 3 1281 1283 N PROV0800

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS NEEDING DIALYSIS.

COBOL NAME: NUM-DIAL-BEDS

SPECIAL CARE BEDS-DISABLED CHILD 3 1284 1286 N PROV0855

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR DEISCABLED CHILDREN.

COBOL NAME: NUM-DIS-CHILD-BEDS

SPECIAL CARE BEDS-HEAD TRAUMA 3 1287 1289 N PROV0905

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILTY FOR RESIDENTS WITH HEAD TRAUMA.

COBOL NAME: NUM-HEAD-TRAUMA-BEDS

SPECIAL CARE BEDS-HOSPICE 3 1290 1292 N PROV0920

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY A FACILITY FOR RESIDENTS NEEDING HOSPICE SERVICES.

COBOL NAME: NUM-HOSPICE-BEDS

SPECIAL CARE BEDS-HUNTINGTONS 3 1293 1295 N PROV0940

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH HUNTINGTON'S DISEASE

COBOL NAME: NUM-HUNTING-DIS-BEDS

SPECIAL CARE BEDS-SPEC REHAB 3 1296 1298 N PROV1205

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH SPECIALIZED REHAB

NEEDS.

COBOL NAME: NUM-SPEC-REHAB-BEDS

SPECIAL CARE BEDS-VENTILATOR 3 1299 1301 N PROV1460

THE NUMBER OF BEDS IN A UNIT IDENTIFIED AND DEDICATED

BY THE FACILITY FOR RESIDENTS WITH VENTILATOR/

RESIPIRATORY CARE NEEDS.

COBOL NAME: NUM-VENT-RESP-BEDS

SPEECH PATHOLOGIST - CONTRACT 7.2 1302 1308 N PROV1190

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

UNDER CONTRACT TO A FACILITY.

COBOL NAME: NUM-SPCH-PATH-CONTRACT

SPEECH PATHOLOGIST - FULL TIME 7.2 1309 1315 N PROV1195

THE NUMBER OF FULL-TIME EOUIVALENT SPPECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-FULL-TIME

SPEECH PATHOLOGIST - PART TIME 7.2 1316 1322 N PROV1200

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 21

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1323 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1324 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1325 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1326 1326 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1327 1327 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 1328 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 22

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: CLINICAL LAB-ONSITE-NON RES 1 1330 1330 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1331 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1332 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1333 1333 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1334 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 23

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DIETARY-ONSITE-RESIDENTS 1 1337 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1338 1338 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 24

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: NURSING-OFFSITE-RESIDENTS 1 1344 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1345 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-ONSITE-RESIDENTS 1 1346 C PROV3305

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.
COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 25

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1351 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1352 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1353 1353 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 1355 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1357 1357 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 26

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHARMACY-ONSITE-RESIDENTS 1 1358 1358 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1359 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1360 1360 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1365 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1366 1366 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

Y

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 1369 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1372 1372 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1373 1373 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1374 1374 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1375 1375 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 1376 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 29

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1379 1379 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 1381 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 1383 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-RESIDENTS 1 1385 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 30

SKILLED NURSING FACILITIES, CATEGORY = "04" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

THER REC SPEC - CONTRACT 7.2 1386 1392 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1393 1399 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1400 1406 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHAN 1DATE: 04/03/2000 POS RECORD LAYO HOME HEALTH AGENCIES, CATEGORY = "O	UT		, ,	,	PAGE: 1
SHORT DESCRIPTION	LEN S	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND			2	С	PROV0085
VALUES: 01 HOME HEALTH	I AGENO	CY			
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST IND PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 05 HOME HEALTH)ICATIV	JE OF :		С	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIE TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT			6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY			42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION	1	43	43	С	PROV0220

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COMPLIANCE: STATUS 1 44 44 C PROV2715

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

WITH PROGRAM REQUIREMENTS.

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE
B NOT IN COMPLIANCE

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY

IS LOCATED.

COBOL NAME: SSA-COUNTY

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

COBOL NAME: INTER-CARRIER-NUM	
VALUES: 00000	DUMMY FOR MEDICAID HHA
00030	BLUE CROSS (ARIZONA)
00040	BLUE CROSS (CALIFORNIA)
00121	HEALTH CARE SERVICE CORPORATION
00122	HCSC - MICHIGAN
00123	HCSC OF MICHIGAN
00131	ADMINISTAR FEDERAL (CHICAGO)
00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
00150	BLUE CROSS (KANSAS)
00180	BLUE CROSS (MAINE)
00230	BLUE CROSS (MISSISSIPPI)
00290	BLUE CROSS (NEW MEXICO)
00332	COMMUNITY MUTUAL INSURANCE CO
00362	BLUE CROSS (INDEPENDENCE)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00450	BLUE CROSS (WISCONSIN)
00511	CAHABA
01390	AETNA (WASHINGTON)
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
51051	AETNA (PETALUMA)
51100	AETNA (CLEARWATER)
51390	AETNA (FORT WASHINGTON)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

52280 MUTUAL OF OMAHA

57400 COOPERATIVA (PUERTO RICO)

PARTICIPATION DATE 8 118 125 C PROV1565

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	TICES.					
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.	8	126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	ICATION NUME R OR SUPPLIE C OR ALPHANU	BER THA ER. A JMERIC	T IS A PROVID NUMBER	S- ER	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A P W	CURRENT STAT ACCEPTED PENDING WORK				С	PROV1720
05 06 07		SILITY DRK DELPHIA GO G G G CITY R	FOR TH		С	PROV1725
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETO ONLY A LIMITED SET OF THE PRO FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y	N RECORD. 7		ANS	152	С	PROV2045

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

	ME: STATE-ABBREV		
VALUES:	AK	ALASKA	
	AL	ALABAMA	
	AR	ARKANSAS	
	AS	AMERICAN SAMOA	
	AZ	ARIZONA	
	CA	CALIFORNIA	
	CN	CANADA	
	CO	COLORADO	
	CT	CONNECTICUT	
	DC	DISTRICT OF COLUMBIA	
	DE	DELAWARE	
	FL	FLORIDA	
	GA	GEORGIA	
	GU	GUAM	
	HI	HAWAII	
	IA	IOWA	
	ID	IDAHO	
	IL	ILLINOIS	
	IN	INDIANA	
	KS	KANSAS	
	KY	KENTUCKY	
	LA	LOUISIANA	
	MA	MASSACHUSETTS	
	MD	MARYLAND	
	ME	MAINE	
	MI	MICHIGAN	
	MN	MINNESOTA	
	MO	MISSOURI	
	MP	SAIPAN	
	MS	MISSISSIPPI	
	MT	MONTANA	
	MX	MEXICO	
	NC	NORTH CAROLINA	
	ND	NORTH DAKOTA	
	NE	NEBRASKA	
	NH	NEW HAMPSHIRE	
	NJ	NEW JERSEY	
	NM	NEW MEXICO	
	NV	NEVADA	
	NY	NEW YORK	

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OK
                            OKLAHOMA
            OR
                           OREGON
            PA
                            PENNSYLVANIA
                           PUERTO RICO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
        HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                  LEN START END TYPE SAS NAME
                             RHODE ISLAND
            RΙ
            SC
                             SOUTH CAROLINA
            SD
                            SOUTH DAKOTA
            TN
                             TENNESSEE
            TX
                             TEXAS
            UT
                             UTAH
            VA
                             VIRGINIA
            VI
                            VIRGIN ISLANDS
            VT
                            VERMONT
            WA
                             WASHINGTON
            WΙ
                             WISCONSIN
            WV
                             WEST VIRGINIA
            WY
                             WYOMING
                 2 155 156 C PROV2700
  STATE CODE (SSA)
   TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                             ALABAMA
            02
                            ALASKA
            0.3
                             ARIZONA
            04
                             ARKANSAS
            0.5
                             CALIFORNIA
            06
                             COLORADO
            07
                             CONNECTICUT
            0.8
                             DELAWARE
            09
                             DISTRICT OF COLUMBIA
            10
                             FLORIDA
            11
                             GEORGIA
            12
                             HAWAII
            13
                             IDAHO
            14
                            ILLINOIS
            15
                             INDIANA
            16
                            IOWA
```

OHIO

OH

17 18	KANSAS KENTUCKY			
19	LOUISIANA			
20	MAINE			
21	MARYLAND			
22	MASSACHUSETTS			
23	MICHIGAN			
24	MINNESOTA			
25	MISSISSIPPI			
26	MISSOURI			
27	MONTANA			
28	NEBRASKA			
29	NEVADA			
30	NEW HAMPSHIRE			

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO

	AMERICAN SAN GUAM SAIPAN	AON				
STATES REGION CODE FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FA COBOL NAME: STATE-REGION-CD	ES THE PARTIC	CULAR			С	PROV2710
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS		IFIED		209	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	OF THE PRIMA				С	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS.	ON A FACILITY	Y HAS	BEEN	221	С	PROV4770
	ACTIVE VOL-MERG,CLO	OSE				
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2000 POS HOME HEALTH AGENCIES, C	RECORD LAYOU	JT				PAGE: 7
1DATE: 04/03/2000 POS	RECORD LAYOU ATEGORY = "0!	JT 5" (SE	E POSI	TIONS	3-4)	PAGE: 7
1DATE: 04/03/2000 POS HOME HEALTH AGENCIES, C SHORT DESCRIPTION 02	RECORD LAYOU ATEGORY = "0!	JT 5" (SE LEN S SE VOL REQ MNT	E POSI	TIONS	3-4)	PAGE: 7
1DATE: 04/03/2000 POS HOME HEALTH AGENCIES, C SHORT DESCRIPTION 02 03 04 05 06	RECORD LAYOU ATEGORY = "0! VOL-REIMBUR! VOL-RISK INV VOL-OTHER INVOL-FAIL I INVOL-AGREEN OTH-STATUS (E 1 TIFICATE TERN	JT 5" (SE LEN S SE VOL REQ MNT CHG 8 MINATE	EE POSI START 222 ED OR	TIONS	3-4)	PAGE: 7
1DATE: 04/03/2000 POS HOME HEALTH AGENCIES, C SHORT DESCRIPTION 02 03 04 05 06 07 TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CER THE EXPIRATION DATE OF THE CU	RECORD LAYOU ATEGORY = "0! VOL-REIMBUR! VOL-RISK INV VOL-OTHER INVOL-FAIL I INVOL-AGREEN OTH-STATUS (E 1 TIFICATE TERN RRENT CLIA CH	JT 5" (SE 5" (SE FE	EE POSI START 222 ED OR CCATE. 230	TIONS END 229	3-4) TYPE C	PAGE: 7

2 3 4	RECERTIFICATION TERMINATION CHANGE OF OWNERSHIP
TYPE OF CONTROL INDICATES THE NATURE OF THE C A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	2 231 232 C PROV2885 DRGANIZATION THAT OPERATES
VALUES: 01 02 03 04	VOL. NON-PROF RELIGIOUS AFF. VOLUNTARY NON-PROFIT - PRIVATE VOLUNTARY NON-PROFIT - OTHER PROPRIETARY
05 06 07	GOVERNMENT - STATE/COUNTY GOVERNMENT - COMB. GOVT & VOL. GOVERNMENT - LOCAL
ZIP CODE THE FIVE DIGIT POSTAL CODE FO	5 233 237 C PROV2905 OR THE PROVIDER.
COBOL NAME: ZIP-CD FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2 238 239 C FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE	3 240 242 C FIPCNTY
COBOL NAME: WS-FIPS-CNTY SSA MSA CODE SSA MSA CODE	3 243 245 C SSAMSACD
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-C	1 246 246 C SSAMSASZ
1DATE: 04/03/2000 POS	ADDED OR CHANGED SINCE: 01/04/2000 S RECORD LAYOUT PAGE: 8 CATEGORY = "05" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
ACCREDITATION INDICATOR INDICATES THE ORGANIZATION THE THE ACCREDITATION OF THE PROVICED COBOL NAME: ACCRED-STAT VALUES: 0 1 2	

DIETICIANS NUMBER OF FULL-TIME EQUIVALENT FACILITY.	DIETICIANS				N	PROV0820
COBOL NAME: NUM-DIETICIANS FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY YEAR.					С	PROV0485
COBOL NAME: FISC-YR-END-DT LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT VOCATIONAL NURSES EMPLOYED BY COBOL NAME: NUM-LPN-LVN		RACTIC.		389	N	PROV0955
MEDICARE OR MEDICAID VENDOR NUMB A NUMBER WHICH MAY BE ASSIGNED STATE MEDICAID AGENCY FOR EXTE PURPOSES.	TO A FACIL	ITY BY	THE		С	PROV0655
COBOL NAME: MEDICAID-VEND-NUM OCCUPATIONAL THERAPISTS THE NUMBER OF FULL TIME EQUIVA THERAPISTS EMPLOYED BY A PROVI COBOL NAME: NUM-OCCUP-THERAPIS	LENT OCCUPA			413	N	PROV1050
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVA PERSONNEL EMPLOYED BY A FACILI COBOL NAME: NUM-OTHER-PERSNL	LENT OTHER			420	N	PROV1075
PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PART MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI	CICIPATES IN	MEDIC.		442	С	PROV1670
VALUES: 1 2 3	MEDICARE ON MEDICARE AN	LY D MEDI	CAID			
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN HAS TO OK A PENDING RECORD IN SCREEN. THIS FIELD ONLY APPLI ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2	THE REGIONA THE SPECIAL ES TO CATEGO	L OFFI FIELD ORIES	CE S IN THE		С	PROV1550
VALUES: Y	RECORD HAS	BEEN A	PPROVE:	D		

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME			
REGISTERED NURSES THE NUMBER OF FULL-TIME DEPOSESSIONAL NURSES EMPLOORS COBOL NAME: NUM-REG-NURS	~	TERED		473	N	PROV1145			
REGISTERED PHARMACISTS THE NUMBER OF FULL-TIME PHARMACISTS EMPLOYED BY	PROVIDER.			480	N	PROV1100			
COBOL NAME: NUM-PHARMACIST-REG RELATED PROVIDER NUMBER 10 502 511 C PR THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.									
COBOL NAME: RELATED-PROV- SRV: OCCUPATIONAL THERAPY INDICATES HOW OCCUPATIONAL PROVIDED. COBOL NAME: SP-OCCUP-THEN VALUES: 0 1 2	AL THERAPY SERVIORAPY NOT PROVIDED B	CES AI ED Y STA:	RE FF		С	PROV2270			
3	PROVIDED U		AKKANGE	MENT.					
SRV: PHARMACY INDICATES HOW PHARMACY ST COBOL NAME: SP-PHARMACY VALUES: 0 1 2 3	ERVICES ARE PROV NOT PROVIDED B PROVIDED U COMBINATIO	IDED. ED Y STA: NDER	FF		С	PROV2365			
SRV: PHYSICAL THERAPY INDICATES HOW PHYSICAL THE COBOL NAME: SP-PHYSICAL-1 VALUES: 0 1 2 3		ARE PI ED Y STA: NDER I	ROVIDED FF		С	PROV2370			
TYPE OF FACILITY INDICATES THE CATEGORY WE FACILITY. COBOL NAME: TYPE-FACILITY VALUES: 01 02		URSE A	YPE OF ASSOCIA	TION		PROV2890			

03	OFFICIAL HEALTH AGENCY
04	REHABILITATION FACILITY BASED PROGRAM
05	HOSPITAL BASED PROGRAM
* INDICATES THIS FIFID HAS BEEN I	ADDED OR CHANGED SINCE: 01/04/2000
	S RECORD LAYOUT PAGE: 10
	CATEGORY = "05" (SEE POSITIONS 3-4)
,	,
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
	SKILLED NURSING FACILITY BASED PROGRAM
07	OTHER
08	HHA BRANCH
AIDE TRAINING/COMPETENCY PROCEZ	AMS 1 1407 1407 C PROV0555
INDICATES HOW THE AGENCY PROV	
TRAINING AND COMPETENCY EVALU	
COBOL NAME: HHA-PROVIDES-DIRE	
VALUES: 1	AIDE TRAINING
2	COMPETENCY EVALUATION PROG.
3	AIDE TRAINING AND COMPETENCY PROG.
4	NEITHER
BRANCH OPERATION INDICATOR	1 1408 1408 C PROV1525
INDICATES IF THE AGENCY OPERA	ATES ANY BRANCHES.
COBOL NAME: OPERS-BRANCHES	NO
VALUES: N Y	NO YES
ī	IES
BRANCHES	3 1409 1411 N PROV0745
THE NUMBER OF BRANCHES OPERAT	
COBOL NAME: NUM-BRANCHES	
CHANGE OF OWNERSHIP INDICATOR	1 1412 1412 C PROV0105
INDICATES IF A HOME HEALTH AG	GENCY HAS UNDERGONE A
CHANGE OF OWNERSHIP SINCE THE	E LAST SURVEY.
COBOL NAME: CHOW-IND	
VALUES: N	NO
Y	YES
HHA OUALIFIED FOR OPT	1 1413 1413 C PROV0560
INDICATES IF A HOME HEALTH AG	
PROVIDE OUTPATIENT PHYSICAL T	
COBOL NAME: HHA-QUAL-FOR-OPT	Indiviti, of blon obtivious.
VALUES: N	NO
γΑΠΟΕΟ: Ν	YES
-	

HOME HEALTH AIDES 7.2 1414 1420 N PROV0910 NUMBER OF FULL-TIME EQUIVALENT HOME HEALTH AIDES
EMPLOYED BY A HOME HEALTH AGENCY OR HOSPICE.
COBOL NAME: NUM-HOME-HEALTH-AIDES
HOSPICE INDICATOR 1 1421 1421 C PROV0665
INDICATES IF THE HOME HEALTH AGENCY ALSO PARTICIPATES
IN THE MEDICARE PROGRAM AS A HOSPICE.
COBOL NAME: MEDICARE-CERT-HOSPICE
VALUES: N NO
Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MEDICARE HOSPICE PROVIDER NUMBER 6 1422 1427 C PROV0570

IF THE AGENCY ALSO PARTICIPATES IN THE MEDICARE PROGRAM

AS A HOSPICE, THE HOSPICE PROVIDER NUMBER.

COBOL NAME: HOSPICE-PROV-NUM

MEDICARE/MEDICAID PROVIDER NUMBER 6 1428 1433 C PROV0650

IF THE AGENCY IS BASED IN ANOTHER MEDICARE OR MEDICAID

FACILITY, THE PROVIDER NUMBER OF THAT FACILITY.

COBOL NAME: MEDICAID-CARE-VEND-NUM

SOCIAL WORKERS 7.2 1434 1440 N PROV1185

THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS

EMPLOYED BY THE AGENCY.

COBOL NAME: NUM-SOCIAL-WRKS

SPEECH PATHOLOGISTS, AUDIOLOGISTS
7.2 1441 1447 N PROV1220

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

OR AUDIOLOGISTS EMPLOYED BY A PROVIDER.

COBOL NAME: NUM-SPEECH-PATH-AUDIO

SRV: APPLIANCE AND EQUIPMENT 1 1448 1448 C PROV2075

INDICATES HOW APPLIANCE AND EQUIPMENT SERVICES ARE

PROVIDED BY A HOME HEALTH AGENCY.

COBOL NAME: SP-APPLIANCE-EQUIP

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: HOME HEALTH AIDE/HOMEMAKER 1 1449 C PROV2155

INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-HH-AIDE-HOMEMAKER

VALUES: 0 NOT PROVIDED

PROVIDED BY AGENCY STAFF
PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: INTERNS AND RESIDENTS 1 1450 1450 C PROV2195

INDICATES HOW INTERN AND RESIDENT SERVICES ARE PROVIDED

BY A HOME HEALTH AGENCY.

COBOL NAME: SP-INTERNS-RESIDENTS

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: MEDICAL SOCIAL 1 1451 C PROV2220

INDICATES HOW MEDICAL SOCIAL SERVICES ARE PROVIDED

COBOL NAME: SP-MEDICAL-SOCIAL

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12

HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NURSING 1 1452 1452 C PROV2250

INDICATES HOW NURSING SERVICES ARE PROVIDED.

COBOL NAME: SP-NURSING

VALUES: 1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: NUTRITIONAL GUIDANCE 1 1453 1453 C PROV2255

INDICATES HOW NUTRITIONAL GUIDANCE SERVICES ARE

PROVIDED.

COBOL NAME: SP-NUTRITION-GUIDANCE

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

2 PROVIDED UNDER ARRANGEMENT

3 COMBINATION

SRV: OTHER 1 1454 1454 C PROV2340 INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE PROVIDED. COBOL NAME: SP-OTHER VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION 1 1455 1455 C PROV2520 SRV: SPEECH THERAPY INDICATES HOW SPEECH THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-SPEECH-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION 1 1456 1456 C PROV2535 SRV: VOCATIONAL GUIDANCE INDICATES HOW VOCATIONAL GUIDANCE SERVICES ARE PROVIDED COBOL NAME: SP-VOCAT-GUIDANCE VALUES: 0 NOT PROVIDED 1 PROVIDED BY AGENCY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION SUBUNIT INDICATOR 1 1457 1457 C PROV2725 INDICATES IF THE AGENCY IS A SUBUNIT OF ANOTHER AGENCY. COBOL NAME: SUBUNIT-IND VALUES: N NO * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13 HOME HEALTH AGENCIES, CATEGORY = "05" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME Y YES 1 1458 1458 C PROV1530 SUBUNIT OPERATION INDICATOR INDICATES IF THE AGENCY OPERATES ANY SUBUNITS. COBOL NAME: OPERS-SUBUNITS VALUES: N Y YES

SUBUNITS

3 1459 1461 N PROV1240

THE NUMBER OF SUBUNITS OPERATED BY THE AGENCY.

COBOL NAME: NUM-SUBUNITS

SURETY BOND INDICATOR 1 1462 C PROV5680

SURETY BOND INDICATOR, VALID VALUES ARE "N" OR "Y" OR

COBOL NAME: SURETY-BOND-IND

VALUES: N NO

WAIVER W Y YES

PHYSICAL THERAPISTS ON STAFF 7.2 1493 1499 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS

EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR

A HOME HEALTH AGENCY PROVIDER.

A HOME HEALTH AGENCI INC. ___
COBOL NAME: NUM-PHYS-THERAPISTS

1 1683 1683 C PROV2200 SRV: LABORATORY

INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 0 NOT PROVIDED

> 1 PROVIDED BY STAFF

PROVIDED UNDER ARRANGEMENT

COMBINATION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVID NURSING FACILITIES AND HOSPIT COBOL NAME: CATEGORY-SUBTYPE- VALUES: 01	ALS.	2 FOR SE	1 KILLED	2	С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY		_ DICATI\	/E OF 1	HE	С	PROV0075
VALUES: 07	PORTABLE X	-RAY SU	JPPLIEF	RS		
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE TAKEN PLACE FOR A PARTICULAR COBOL NAME: CHOW-CNT		_	-	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS COBOL NAME: CITY	PHYSICALLY		15 ED.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCE OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN	PTABLE PLAN		PROGRAN		С	PROV0220
VALUES: 1	COMPLIANCE	BASED	ON ACC	CEPTAI	BLE P	OC
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SU WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL			44 LIANCE	44	С	PROV2715
VALUES: A B	IN COMPLIA		Ε			
COUNTY CODE SSA GEOGRAPHIC CODE INDICATIN IS LOCATED.	G COUNTY WH	3 ERE FAC		47	С	PROV2695
COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO COBOL NAME: CROSS-REF-PROV-NU	A PARTICUL	10 AR PROV	48 /IDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CURRENT SURVEY DATE 8 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 1 74 74 C PROV0455 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

38 75 112 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

5 113 117 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

02111	II II.O I I DDI. OI. OOI I D.								
COBOL NAME	E: INTER-CARRIER-NUM								
VALUES:	00122	HCSC - MICHIGAN							
	00131	ADMINISTAR FEDERAL (CHICAGO)							
	00510	BLUE	SHIELD	(ALABAMA)					
	00511	CAHAI	ВА						
	00520	BLUE	SHIELD	(ARKANSAS)					
	00528	BLUE	SHIELD	(ARKANSAS/LOUISIANA)					
	00542	BLUE	SHIELD	(CALIFORNIA)					
	00550	BLUE	SHIELD	(COLORADO)					
	00570	BLUE	SHIELD	(DELAWARE)					
	00580	BLUE	SHIELD	(DISTRICT OF COLUMBIA)					
	00590	BLUE	SHIELD	(FLORIDA)					
	00621	BLUE	SHIELD	(ILLINOIS)					
	00630	BLUE	SHIELD	(INDIANA)					
	00640	BLUE	SHIELD	(IOWA)					
	00650	BLUE	SHIELD	(KANSAS)					
	00655	BLUE	SHIELD	(KANSAS/NEBRASKA)					
	00660	BLUE	SHIELD	(KENTUCKY)					
	00690	BLUE	SHIELD	(MARYLAND)					

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00700
                                 BLUE SHIELD (MASSACHUSETTS)
              00710
                                 BLUE SHIELD (MICHIGAN)
              00720
                                BLUE SHIELD (MINNESOTA)
              00740
                               BLUE SHIELD (KANSAS CITY)
              00751
                               BLUE SHIELD (MONTANA)
              00770
                               BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
              00780
                               BLUE SHIELD (TRI-STATE)
              00801
                               BLUE SHIELD (BUFFALO)
              00803
                               BLUE SHIELD (EMPIRE)
              00805
                               BLUE SHIELD OF NEW YORK
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
        PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                           LEN START END TYPE SAS NAME
              00820
                                 BLUE SHIELD (NORTH DAKOTA)
              00825
                                BLUE SHIELD (NORTH DAKOTA/WYOMING)
              00860
                                BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
              00865
                                 BLUE SHIELD (PENNSYLVANIA)
              00870
                                 BLUE SHIELD (RHODE ISLAND)
              00880
                                 BLUE SHIELD (SOUTH CAROLINA)
              00900
                                 BLUE SHIELD (TEXAS)
              00901
                                 TRAILBLAZERS HEALTH ENTERPRISES
              00910
                                 BLUE SHIELD (UTAH)
              00930
                                 BLUE SHIELD (WASHINGTON)
              00951
                                 WISCONSIN PHYSICIANS SERVICE
              00973
                                 BLUE SHIELD (PUERTO RICO)
              00974
                                 BLUE SHIELD (VIRGIN ISLANDS)
              01010
                                 AETNA (PEORIA)
                                AETNA (ALASKA)
              01020
              01030
                                 AETNA (ARIZONA)
              01040
                                 AETNA (GEORGIA)
              01120
                                 AETNA (HAWAII)
              01290
                                 AETNA (NEVADA)
              01360
                                 AETNA (NEW MEXICO)
              01370
                                 AETNA (OKLAHOMA)
              01380
                                 AETNA (OREGON)
              01390
                                 AETNA (WASHINGTON)
              02050
                                 OCCIDENTAL (CALIFORNIA)
              05130
                                 EOICOR (IDAHO)
              05440
                                 EQICOR (TENNESSEE)
              05535
                                 EOICOR (NORTH CAROLINA)
              10071
                               TRAVELERS (RRB)
              10230
                               TRAVELERS (CONNECTICUT)
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10240 10250 10490 10492 11260 14330 16360 16510 21200 31142 31143 31144	TRAVELERS TRAVELERS TRAVELERS GENERAL AM GROUP HEAL NATIONWIDE MASSACHUSE NATIONAL H NATIONAL H NATIONAL H NATIONAL H	(MISSI: (VIRGI) - VIRG: ERICAN TH INC (OHIO) (WEST TTS/MA: ERITAG:	SSIPPI NIA) INIA S (NEW) VIRGII INE E INSU	PECIAI YORK) NIA) RANCE	CO (M	IAINE)
PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVE COBOL NAME: PARTCI-DT				125	С	PROV1565
* INDICATES THIS FIELD HAS BEEN AN 1DATE: 04/03/2000 POS PORTABLE X-RAY SUPPLIERS,	RECORD LAY	OUT				PAGE: 4
SHORT DESCRIPTION		LEN :	START	END	TYPE	SAS NAME
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.		126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER COBOL NAME: PRIOR-INTER-CARRIE	R.WHEN	5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION SIGNED TO A CERTIFIED PROVIDER IS ISSUED A 6 POSITION NUMERICAL A SUPPLIER IS ISSUED A 10 POSITION NAME: PROV-NUM	ICATION NUM R OR SUPPLI C OR ALPHAN	BER THE ER. A UMERIC	AT IS AT PROVI	AS- DER R,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE (COBOL NAME: RECORD-TYPE	CURRENT STA				С	PROV1720
VALUES: A	ACCEPTED					
M	PENDING WORK					

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

COBOL NAME: REGION	
VALUES: 01	I BOSTON
02	II NEW YORK
03	III PHILADELPHIA
04	IV ATLANTA
05	V CHICAGO
06	VI DALLAS
07	VII KANSAS CITY
08	VIII DENVER
09	IX SAN FRANCISCO
10	X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

2 153 154 C PROV3230 STATE ABBREVIATION

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS

AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

PAGE: 5 1DATE: 04/03/2000 POS RECORD LAYOUT

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII

IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

VI VIRGIN ISLANDS

VT VERMONT

```
WA
                               WASHINGTON
           WΙ
                               WISCONSIN
           WV
                               WEST VIRGINIA
           WY
                               WYOMING
STATE CODE (SSA)
                                          2 155 156 C
                                                                 PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01
                               ALABAMA
           02
                               ALASKA
            03
                               ARIZONA
            04
                               ARKANSAS
            05
                               CALIFORNIA
            06
                               COLORADO
            07
                               CONNECTICUT
            08
                               DELAWARE
           09
                               DISTRICT OF COLUMBIA
           10
                               FLORIDA
           11
                               GEORGIA
           12
                               HAWAII
           13
                               IDAHO
           14
                               ILLINOIS
           15
                               INDIANA
           16
                               IOWA
           17
                               KANSAS
           18
                               KENTUCKY
           19
                               LOUISIANA
           20
                               MAINE
            21
                               MARYLAND
            22
                               MASSACHUSETTS
            23
                               MICHIGAN
            24
                               MINNESOTA
            25
                               MISSISSIPPI
            26
                               MISSOURI
            27
                               MONTANA
            28
                               NEBRASKA
            29
                               NEVADA
            30
                               NEW HAMPSHIRE
            31
                               NEW JERSEY
            32
                               NEW MEXICO
            33
                               NEW YORK
            34
                               NORTH CAROLINA
            35
                               NORTH DAKOTA
            36
                               OHIO
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OKLAHOMA

37

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 PAGE: 7

LDATE:	04/03/2000		POS SUPPLIERS,	RECORD LA		/ CFF E	OQTTT	ONG 3-		SE: 7
	FORTABLE	A NAI	SOFFILENS,	CAILGONI	- 07	(SEE F	OSTIT	OND J	4)	
SHO	RT DESCRIPT	ION			LEN	START	END	TYPE	SAS	NAME
	38			OREGON						
	39			PENNSYLVA	ANIA					
	40			PUERTO RI	CO					
	41			RHODE ISI	LAND					
	42			SOUTH CAR	ROLINA					
	43			SOUTH DAK	ATO					
	44			TENNESSEE	C					
	45			TEXAS						
	46			UTAH						
	47			VERMONT						
	48			VIRGIN IS	SLANDS					
	49			VIRGINIA						
	50			WASHINGTO						
	51			WEST VIRG						
	52			WISCONSIN	1					
	53			WYOMING						
	56			CANADA						
	59			MEXICO	~					
	64			AMERICAN	SAMOA					
	65			GUAM						
	66			SAIPAN						
	TES REGION (3			С	PROV	72710
F	OR SELECTED	STATES	G, IDENTIFIE	ES THE PAF	RTICULA	R REGIC	N			
	ITHIN THE ST			CILITY IS	LOCATE	D				
	OBOL NAME: 3	-	REGION-CD							
	EET ADDRESS					160	209	С	PROV	72720
	TREET ADDRES					D TO				
	ROVIDE MEDIO			AID SERVIC	CES.					
	OBOL NAME: 3	_	-ADDRESS							
	EPHONE NUMBI					210		С	PROV	71605
	HE 10 DIGIT			OF THE PF	RIMARY (CONTACT	OR			
	HE OPERATOR									
	OBOL NAME:		IUM		0	000	001	~	DD 011	
	MINATION CO				2		221	C	PROV	/4 / / 0
	ERMINATION (
	ERMINATED FI	KOM THE	CLIA, MED.	LCAKE AND/	OK MED.	LCAID				
	ROGRAMS.	TEDM OF	\ 1							
	OBOL NAME:)-1	A CHITTE						
V	ALUES: 00			ACTIVE						

01	VOL-MERG, CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1 1 230 230 C PROV2880 TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL RECERTIFICATION 3 TERMINATION CHANGE OF OWNERSHIP TYPE OF CONTROL 2 231 232 C PROV2885 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 INDIVIDUAL 02 PARTNERSHIP 0.3 CORPORATION 04 OTHER THAN PRIVATE 233 237 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 238 239 C FIPS STATE CODE FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE 3 240 242 C FIPCNTY FIPS COUNTY CODE

FIPS COUNTY CODE

COBOL NAME: WS-FIPS-CNTY

SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FA	CILITY BY	THE			
STATE MEDICAID AGENCY FOR EXTERNAL CON	TROL OR B	ILLING	,		
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
OTHER PERSONNEL	7.2	414	420	N	PROV1075
THE NUMBER OF FULL-TIME EQUIVALENT OTH	IER SALARI	ED			
PERSONNEL EMPLOYED BY A FACILITY.					
COBOL NAME: NUM-OTHER-PERSNL					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

PORTABLE X-RAY SUPPLIERS, CATEGORY = "07" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

DIRECTOR QUALIFICATIONS 1 1463 1463 C PROV1715

INDICATES THE OUALIFICATIONS OF THE DIRECTOR OF A

SUPPLIER OF PORTABLE X-RAY SERVICES.

COBOL NAME: QUAL-OF-DIRECTOR

VALUES: 1 PHYSICIAN
2 PHD/SCD
3 MS/MA
4 BS/BA
5 OTHER

TECHNOLOGISTS - ASSOC DEGREE 7.2 1464 1470 N PROV0735

THE NUMBER OF TECHNOLOGISTS WITH ASSOCIATE DEGREES IN

RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-AS-RADIO-TECH

TECHNOLOGISTS - BS/BA DEGREE 7.2 1471 1477 N PROV0750

NUMBER OF TECHNOLOGISTS WITH BACHELOR OF SCIENCE

OR BACHELOR OF ARTS DEGREES IN RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-BS-BA-RAD-TECH

TECHNOLOGISTS - 2 YEAR RADIOLOGY 7.2 1478 1484 N PROV1515

THE NUMBER OF FULL-TIME EQUIVALENT TECHNOLOGISTS

EMPLOYED BY A PORTABLE X-RAY PROVIDER WHO ARE GRADUATES

OF A TWO YEAR APPROVED SCHOOL OF RADIOLOGIC TECHNOLOGY.

COBOL NAME: NUM-2YR-RADIO-TECH

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 2 1 2 C PROV0085 CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 OPT OR SPECH PATHOLOGY CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 08 OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

THE NUMBER OF TIMES A CHANGE OF OWNERSH TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	HIP (CHO	W) HAS			
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP	8	7	14	С	PROV0100
COBOL NAME: CHOW-DT	•				
CITY	28	15	42	С	PROV3225
CITY IN WHICH THE PROVIDER IS PHYSICALI COBOL NAME: CITY	LY LOCAT	ED.			
COMPLIANCE: PLAN OF CORRECTION	1	43	43	С	PROV0220
INDICATES IF A PROVIDER IS IN COMPLIANC					
REQUIREMENTS BASED ON AN ACCEPTABLE PLA	AN FOR C	ORRECT:	ION		
OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR					
VALUES: 1 COMPLIANCE COMPLIANCE	E BASED	ON ACC	CEPTAI	BLE P	OC.
COMPLIANCE: STATUS	1	44	44	С	PROV2715
INDICATES IF A PROVIDER OR SUPPLIER IS	IN COMP	LIANCE			
WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL					
VALUES: A IN COMPLI	ANCE				
B NOT IN CO		E			
COUNTY CODE	3	45	47	С	PROV2695
SSA GEOGRAPHIC CODE INDICATING COUNTY V	HERE FA	CILITY			
IS LOCATED. COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	C	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICU			3 /	C	11(0,0000
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	С	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3
SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER.

COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 1 74 74 C PROV0455 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE NOT ELIGIBLE TO PARTICIPATE FACILITY NAME 38 75 112 C PROV0475 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME INTERMEDIARY NUMBER 5 113 117 C PROV0605 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00020 BLUE CROSS (ARKANSAS) 00030 BLUE CROSS (ARIZONA) 00040 BLUE CROSS (CALIFORNIA) 00060 BLUE CROSS (CONNECTICUT) BLUE CROSS (DELAWARE) 00070 00090 BLUE CROSS (FLORIDA) 00101 BLUE CROSS (GEORGIA) 00121 HEALTH CARE SERVICE CORPORATION 00122 HCSC - MICHIGAN 00123 HCSC OF MICHIGAN 00130 BLUE CROSS (INDIANA) 00131 ADMINISTAR FEDERAL (CHICAGO) 00140 BLUE CROSS (IOWA/SOUTH DAKOTA) 00150 BLUE CROSS (KANSAS) 00160 BLUE CROSS (KENTUCKY) BLUE CROSS (MAINE) 00180 BLUE CROSS (MARYLAND) 00190 BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINESOTA)
BLUE CROSS (MISSISSIPPI) 00200 00210 00220 00230 00231 BLUE CROSS (LOUISIANA) BLUE CROSS (MISSOURI) 00241 00250 BLUE CROSS (MONTANA) 00260 BLUE CROSS (NEBRASKA) 00270 NEW HAMPSHIRE-VERMONT HEALTH SERVICE 00280 BLUE CROSS (NEW JERSEY)

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

OUTPATIENT PHYSICAL	THERAPY/SPEECH PATHOI	OGY, CATE	GORY =	"08"	(SEE	POSIT	TIONS	3-
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS	NAME	
00290	BLUE CF	ROSS (NEW	MEXICO))				
00308	BLUE CF	ROSS (EMPI	RE)					
00310	BLUE CF	ROSS (NORT	H CAROI	LINA)				
00320	BLUE CF	ROSS (NORT	H DAKO	ΓA)				
00332	COMMUNI	TY MUTUAL	INSURA	ANCE C	CO			
00340	BLUE CF	ROSS (OKLA	(AMOH.					
00350		ROSS (OREG	-					
00351		ROSS (OREG	, ,		CLAIMS	5)		
00362		ROSS (INDE						
00363		ROSS (WEST			/ANIA)			
00370		ROSS (RHOD						
00380		ROSS (SOUT		LINA)				
00390		ROSS (TENN						
00400		ROSS (TEXA	•					
00410 00423		ROSS (UTAH	-	ECH 177				
00423		ROSS (VIRG ROSS (WASH						
00450		ROSS (WASH		& ALF	ASNA)			
00450		GOVERNMEN		ICE -	МТ			
00460		ROSS (WYOM		год	111			
00468		ROSS (NORT		LINA F	OR PE	?)		
00510		IIELD (ALA				,		
00511	САНАВА	•	•					
00520	BLUE SH	IIELD (ARK	ANSAS)					
00528	BLUE SH	HELD (ARK	ANSAS/I	LOUISI	(ANA			
00542		HIELD (CAL		A)				
00550	BLUE SH	IIELD (COL	ORADO)					
00570		HELD (DEL	,					
00580		HIELD (DIS		OF COI	LUMBIA	7)		
00590		HIELD (FLO						
00621		IIELD (ILL	-					
00630		IIELD (IND						
00640		HELD (IOW						
00650 00655		IIELD (KAN IIELD (KAN						
00653		HELD (KAN		SKASKA	1)			
00690		HELD (MAR	-					
00700		HELD (MAN	-	rmme)				
00700		HELD (MAS						
00720		HIELD (MIC	-)				
00740		HIELD (KAN						
00751		HIELD (MON		/				
		,	,					

```
00770
                                 BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
                                 BLUE SHIELD (TRI-STATE)
              00780
              00801
                                BLUE SHIELD (BUFFALO)
              00803
                                BLUE SHIELD (EMPIRE)
              00805
                                BLUE SHIELD OF NEW YORK
                                 BLUE SHIELD (NORTH DAKOTA)
              00820
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000
                             POS RECORD LAYOUT
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-
  SHORT DESCRIPTION
                                             LEN START END TYPE SAS NAME
              00825
                                  BLUE SHIELD (NORTH DAKOTA/WYOMING)
              00860
                                 BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
              00865
                                 BLUE SHIELD (PENNSYLVANIA)
              00870
                                 BLUE SHIELD (RHODE ISLAND)
              00880
                                 BLUE SHIELD (SOUTH CAROLINA)
              00900
                                 BLUE SHIELD (TEXAS)
              00901
                                  TRAILBLAZERS HEALTH ENTERPRISES
              00910
                                  BLUE SHIELD (UTAH)
              00930
                                  BLUE SHIELD (WASHINGTON)
              00951
                                  WISCONSIN PHYSICIANS SERVICE
              00952
                                  WISCONSIN PHYSICIAN SERVICES - IL
              00953
                                  WISCONSIN PHYSICIAN SERVICES - MI
              00973
                                  BLUE SHIELD (PUERTO RICO)
              00974
                                 BLUE SHIELD (VIRGIN ISLANDS)
              01010
                                 AETNA (PEORIA)
              01020
                                 AETNA (ALASKA)
              01030
                                  AETNA (ARIZONA)
              01040
                                  AETNA (GEORGIA)
                                 AETNA (HAWAII)
              01120
              01290
                                  AETNA (NEVADA)
              01360
                                  AETNA (NEW MEXICO)
              01370
                                  AETNA (OKLAHOMA)
              01380
                                  AETNA (OREGON)
              01390
                                  AETNA (WASHINGTON)
              02050
                                  OCCIDENTAL (CALIFORNIA)
              05130
                                  EOICOR (IDAHO)
              05440
                                  EQICOR (TENNESSEE)
              05535
                                  EOICOR (NORTH CAROLINA)
              10071
                                  TRAVELERS (RRB)
              10230
                                  TRAVELERS (CONNECTICUT)
              10240
                                  TRAVELERS (MINNESOTA)
              10250
                                  TRAVELERS (MISSISSIPPI)
              10490
                                 TRAVELERS (VIRGINIA)
```

11260 GE 14330 GF 16360 NA 16510 NA 17120 HA 21200 MA 31142 NA 31144 NA 31145 NA 50333 TF 51051 AE	AVELERS - VIRGINIA SPECIAL PROJECT NERAL AMERICAN OUP HEALTH INC (NEW YORK) TIONWIDE (OHIO) TIONWIDE (WEST VIRGINIA) WAII MEDICAL SERVICE ASSOCIATION SSACHUSETTS/MAINE TIONAL HERITAGE INSURANCE CO (MAINE) TIONAL HERITAGE INSURANCE CO (VERMONT) AVELERS (NEW YORK) TNA (PETALUMA) TNA (FARMINGTON) TNA (CLEARWATER)
	D OR CHANGED SINCE: 01/04/2000 CORD LAYOUT PAGE: 5 ATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
51390 AE 52280 MU	TNA (PEORIA) TNA (FORT WASHINGTON) TUAL OF OMAHA OPERATIVA (PUERTO RICO)
PARTICIPATION DATE THE DATE A FACILITY IS FIRST APE MEDICARE AND/OR MEDICAID SERVICE COBOL NAME: PARTCI-DT	
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF OW COBOL NAME: PRIOR-CHOW-DT	8 126 133 C PROV1615 NERSHIP.
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER.W COBOL NAME: PRIOR-INTER-CARRIER-	
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION SIGNED TO A CERTIFIED PROVIDER OF IS ISSUED A 6 POSITION NUMERIC OF A SUPPLIER IS ISSUED A 10 POSITION NAME: PROV-NUM	10 139 148 C PROV1680 TION NUMBER THAT IS AS- R SUPPLIER. A PROVIDER R ALPHANUMERIC NUMBER,
RECORD TYPE THIS INDICATOR SPECIFIES THE CUF COBOL NAME: RECORD-TYPE	1 149 149 C PROV1720 RENT STATUS OF RECORD.

```
VALUES: A
                        ACCEPTED
                           PENDING
          W
                          WORK
  REGION CODE
                                    2 150 151 C PROV1725
   THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
   STATE IN WHICH THE PROVIDER IS LOCATED.
   COBOL NAME: REGION
   VALUES: 01
                         I BOSTON
                         II NEW YORK
           02
           0.3
                          III PHILADELPHIA
            04
                          IV ATLANTA
            0.5
                          V CHICAGO
            06
                         VI DALLAS
           07
                          VII KANSAS CITY
            0.8
                          VIII DENVER
            09
                          IX SAN FRANCISCO
           10
                          X SEATTLE
  SKELETON RECORD INDICATOR 1 152 152 C PROV2045
   INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
   ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
   FOR THIS PROVIDER.
   COBOL NAME: SKELETON-IND
   VALUES:
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-
  SHORT DESCRIPTION
                                    LEN START END TYPE SAS NAME
          Y YES
                             2 153 154 C PROV3230
  STATE ABBREVIATION
   STATE ABBREVIATION
   COBOL NAME: STATE-ABBREV
   VALUES: AK
                            ALASKA
           AL
                            ALABAMA
           AR
                            ARKANSAS
           AS
                           AMERICAN SAMOA
           ΑZ
                           ARIZONA
           CA
                           CALIFORNIA
           CN
                           CANADA
           CO
                          COLORADO
           CT
                          CONNECTICUT
           DC
                          DISTRICT OF COLUMBIA
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FL	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
1DATE: 04/03/2000 POS	DDED OR CHANGED SINCE: 01/04/2000 RECORD LAYOUT PAGE: 7 H PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

LEN START END TYPE SAS NAME

DELAWARE

PA PENNSYLVANIA
PR PUERTO RICO
RI RHODE ISLAND
SC SOUTH CAROLINA
SD SOUTH DAKOTA
TN TENNESSEE

DE

SHORT DESCRIPTION

```
TX
                              TEXAS
           UT
                              UTAH
           VA
                              VIRGINIA
           VI
                              VIRGIN ISLANDS
           VT
                              VERMONT
           WA
                              WASHINGTON
           WΙ
                              WISCONSIN
           WV
                              WEST VIRGINIA
           WY
                              WYOMING
                                          2 155 156 C PROV2700
STATE CODE (SSA)
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01
                              ALABAMA
           02
                              ALASKA
           03
                              ARIZONA
           04
                              ARKANSAS
           05
                              CALIFORNIA
           06
                              COLORADO
           07
                              CONNECTICUT
           08
                              DELAWARE
           09
                              DISTRICT OF COLUMBIA
           10
                              FLORIDA
           11
                              GEORGIA
           12
                              HAWAII
           13
                              IDAHO
           14
                              ILLINOIS
           15
                              INDIANA
           16
                              IOWA
           17
                              KANSAS
           18
                              KENTUCKY
           19
                              LOUISIANA
           20
                              MAINE
           21
                              MARYLAND
           22
                              MASSACHUSETTS
           23
                              MICHIGAN
           24
                              MINNESOTA
           25
                              MISSISSIPPI
           26
                              MISSOURI
           27
                              MONTANA
           28
                              NEBRASKA
```

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
4 4	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
64	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATES REGION CODE FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FA	ES THE PARTICULA	R REGIO		С	PROV2710
COBOL NAME: STATE-REGION-CD	CIDILI ID DOCKIE	D			
STREET ADDRESS	50	160	209	C	PROV2720
STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC	THAT IS CERTIFIE		200	C	11002720
COBOL NAME: STREET-ADDRESS					
TELEPHONE NUMBER	10	210		С	PROV1605
THE 10 DIGIT TELEPHONE NUMBER	R OF THE PRIMARY	CONTACT	OR		

COBOL NAME: PHONE-NUM
TERMINATION CODE # 1 2 220 221 C PROV4770

THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN

TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:

VALUES:					
	RECORD LAYOUT				PAGE: 9
OUTPATIENT PHYSICAL THERAPY/SPEEC	H PATHOLOGY, CA	TEGORY =	08	(SEE	POSITIONS 3-
SHORT DESCRIPTION	LEN	I START	END	TYPE	SAS NAME
00	ACTIVE				
01	VOL-MERG, CLOSE	1			
02	VOL-REIMBURSE				
03	VOL-RISK INVOL	ı			
04	VOL-OTHER				
05	INVOL-FAIL REQ)			
06	INVOL-AGREEMNT	1			
07	OTH-STATUS CHG	j			
TERMINATION DATE/EXPIRATION DAT THE DATE THE LABORATORY'S CEF THE EXPIRATION DATE OF THE CU COBOL NAME: EXP-DT-1 TYPE OF ACTION	TIFICATE TERMIN	IATED OR			PROV2880
IDENTIFIES THE PURPOSE FOR WE TRANSMITTAL FORM WAS PREPARED COBOL NAME: TYPE-ACTION		CATION AN	1D		
VALUES: 1	INITIAL RECERTIFICATIO	NAT.			
3	TERMINATION)IN			
-	CHANGE OF OWNE	RSHIP			
TYPE OF CONTROL	2	221	222	C	PROV2885
INDICATES THE NATURE OF THE C A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL				C	FROVZOOJ
VALUES: 01	VOL. NON-PROF.	NOT CHIE	СН		
02	VOLUNTARY NON				
03	STATE GOVERNME		101(011		
04	LOCAL GOVERNME				
05	COMBINATION GC		& VOI	Γ ₁ .	
06	PROPRIETARY		01		
ZIP CODE	5	233	237	С	PROV2905

COBOL NAME: ZIP-CD	2	220	0.2.0	~	
FIPS STATE CODE	2	238	239	C	FIPSTATE
FIPS STATE CODE COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE	3	240	242	C	FIFCNII
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE	9	215	2 10	C	DOTHIOTICD
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
* INDICATES THIS FIELD HAS BEEN ADDED OF	R CHANGED S	INCE:	01/0	4/2000)
1DATE: 04/03/2000 POS RECORI					PAGE: 10
OUTPATIENT PHYSICAL THERAPY/SPEECH PATHO	DLOGY, CATE	GORY =	"08"	(SEE	POSITIONS 3-
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
EICCAI VEAD ENDING DAME	4	272	275	C	PROV0485
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A				C	PROVU403
YEAR.	A FACILIII	S FISC.	АП		
COBOL NAME: FISC-YR-END-DT					
	15	391	405	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A			403	C	11000000
STATE MEDICAID AGENCY FOR EXTERNAL (G		
PURPOSES.	CONTINUE ON	DIDDIN	0		
COBOL NAME: MEDICAID-VEND-NUM					
OCCUPATIONAL THERAPISTS	7.2	407	413	N	PROV1050
THE NUMBER OF FULL TIME EQUIVALENT (–		110		11.011000
THERAPISTS EMPLOYED BY A PROVIDER.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-			
COBOL NAME: NUM-OCCUP-THERAPISTS					
PHYSICAL THERAPISTS	7.2	422	428	N	PROV1125
THE NUMBER OF FULL-TIME EQUIVALENT F	PHYSICAL TH	ERAPIS	TS		
EMPLOYED BY A PROVIDER.					
COBOL NAME: NUM-PHYS-THERAPY					
RELATED PROVIDER NUMBER	10	502	511	С	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S	FACILITY	CONTAI	NS		
MORE THAN ONE DISTINCT PROVIDER, SUCH	H AS A HOSP	ITAL W	ITH		
DISTINCT PART LONG TERM CARE. THE N	NUMBER IN T	HIS FI	ELD		
WILL BE THE PROVIDER NMBR OF THE HIC	GHEST LEVEL	OF CA	RE.		
COBOL NAME: RELATED-PROV-NUM					
TYPE OF FACILITY	2	566	567	С	PROV2890
INDICATES THE CATEGORY WHICH REPRESE	ENTS THE TY	PE OF			

FACILITY.

COBOL NAME: TYPE-FACILITY HOSPITAL
SKILLED NURSING FACILITY
HOME HEALTH AGENCY
REHABILITATION AGENCY
PUBLIC CLINIC
PRIVATE CLINIC
PUBLIC HEALTH AGENCY VALUES: 01 0.2 03 04 0.5 06 0.7 SPEECH PATHOLOGISTS, AUDIOLOGISTS 7.2 1441 1447 N PROV1220 THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS OR AUDIOLOGISTS EMPLOYED BY A PROVIDER. COBOL NAME: NUM-SPEECH-PATH-AUDIO DOES FACIL. PROVIDES OPT OCCUP 1 1485 C PROV1685 DOES FACILITY PROVIDE OCCUPATIONAL THERAPY SERVICES ?? COBOL NAME: PROVIDES-OCCUP-THERAPY VALUES: N YES Y

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

OUTPATIENT PHYSICAL THERAPY/SPEECH PATHOLOGY, CATEGORY = "08" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PHYSICAL THERAPIST - ARRANGEMENT 7.2 1486 1492 N PROV1105
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS
EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL
THERAPY FACILITY.
COBOL NAME: NUM-PHY-THER-ARGNM

PHYSICAL THERAPISTS ON STAFF 7.2 1493 1499 N PROV1120

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPISTS EMPLOYED BY AN OUTPATIENT PHYSICAL THERAPY PROVIDER OR A HOME HEALTH AGENCY PROVIDER.

COBOL NAME: NUM-PHYS-THERAPISTS

SPEECH PATHOLOGISTS - ARRANGEMENT 7.2 1500 1506 N PROV1215

THE NUMBER OF FULL-TIME EQUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY ARRANGEMENT IN AN OUTPATIENT PHYSICAL

THERAPY FACILITY.

COBOL NAME: NUM-SPEECH-PATH-AR

SPEECH PATHOLOGISTS - TOTAL 7.2 1507 1513 N PROV1210

THE TOTAL NUMBER OF FULL-TIME EQUIVALENT SPEECH

PATHOLOGISTS ON STAFF AND BY ARRANGEMENT IN AN

OUTPATIENT PHYSICAL THERAPY FACILITY.

COBOL NAME: NUM-SPEECH-PATH

SRV: PHYSICAL THERAPY/SPEECH PATH 1 1514 C PROV2500

INDICATES IF PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY

SERVICES ARE PROVIDED BY A OUTPATIENT PHYSICAL

THERAPY PROVIDER.

COBOL NAME: SP-SPEECH-AND-PATH

VALUES: 1 PHYSICAL THERAPY
2 SPEECH PATHOLOGY

3 BOTH

4 OCCUPATIONAL THERAPY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND
VALUES: 01 END STAGE RENAL DISEASE

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

VALUES: 09 END STAGE RENAL DISEASE FACILITIES

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP TAKEN PLACE FOR A PARTICULAR PROVIDER.	2 CHOW	5) HAS	6	N	PROV0095
COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY	28 LOCATE	15 D.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE	FOR CO	ROGRAM RRECTI	ON		PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIAN B NOT IN COMP	NCE		44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHE IS LOCATED. COBOL NAME: SSA-COUNTY	3 ERE FAC	45 ILITY	47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULA COBOL NAME: CROSS-REF-PROV-NUM		48 IDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

```
CURRENT SURVEY DATE
                                         8 66 73 C PROV2740
 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,
 WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR
 THE PROVIDER.
 COBOL NAME: SURVEY-DT-1
ELIGIBILITY CODE
                                       1 74 74 C
                                                              PROV0455
 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
 THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: ELIG-CD
 VALUES: 1
                            ELIGIBLE TO PARTICIPATE
                             NOT ELIGIBLE TO PARTICIPATE
FACILITY NAME
                                        38 75 112 C
                                                              PROV0475
 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
 PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
 COBOL NAME: FACILITY-NAME
                                         5 113 117 C
INTERMEDIARY NUMBER
                                                              PROV0605
 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
 SERVICING A PROVIDER OR SUPPLIER.
 COBOL NAME: INTER-CARRIER-NUM
 VALUES: 00010
                            BLUE CROSS (ALABAMA)
           00020
                             BLUE CROSS (ARKANSAS)
           00030
                            BLUE CROSS (ARIZONA)
           00040
                            BLUE CROSS (CALIFORNIA)
           00060
                            BLUE CROSS (CONNECTICUT)
           00070
                            BLUE CROSS (DELAWARE)
                            BLUE CROSS (FLORIDA)
           00090
           00101
                            BLUE CROSS (GEORGIA)
           00121
                             HEALTH CARE SERVICE CORPORATION
           00122
                             HCSC - MICHIGAN
           00123
                             HCSC OF MICHIGAN
           00130
                            BLUE CROSS (INDIANA)
           00131
                             ADMINISTAR FEDERAL (CHICAGO)
           00140
                            BLUE CROSS (IOWA/SOUTH DAKOTA)
           00150
                            BLUE CROSS (KANSAS)
           00160
                            BLUE CROSS (KENTUCKY)
           00180
                            BLUE CROSS (MAINE)
           00190
                            BLUE CROSS (MARYLAND)
           00200
                            BLUE CROSS (MASSACHUSETTS)
           00210
                            BLUE CROSS (MICHIGAN)
                            BLUE CROSS (MINNESOTA)
           00220
                            BLUE CROSS (MISSISSIPPI)
           00230
           00231
                            BLUE CROSS (LOUISIANA)
           00241
                            BLUE CROSS (MISSOURI)
           00250
                            BLUE CROSS (MONTANA)
           00260
                            BLUE CROSS (NEBRASKA)
```

00270	NEW HAMPSHIRE-VERMONT HEALTH	SERVICE
00280	BLUE CROSS (NEW JERSEY)	

LDATE: 04/03/2000	EEN ADDED OR CHANGED SINCE: 01/04/2000 POS RECORD LAYOUT PAGE: 3 ACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
SHORT DESCRIPTION 00290 00308 00310 00320 00332 00340 00350 00351 00362 00363 00370 00380 00390 00400 00410 00423 00423 00430 00450 00452	
50333 51051 51070 51100	TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (CLEARWATER)
51140 51390	AETNA (PEORIA) AETNA (FORT WASHINGTON)

	MUTUAL OF		RTO RI	CO)		
PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT		-		125	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT		-	126	133	С	PROV1615
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2000 POS END STAGE RENAL DISEASE FACILI	RECORD LA	YOUT				PAGE: 4
SHORT DESCRIPTION		LEN S	START	END	TYPE	SAS NAME
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI		5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	R OR SUPPL C OR ALPHA	MBER THA JIER. A NUMERIC JANUMERIC	AT IS AT PROVIDE NUMBER	AS- DER R, ER.		PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE	CURRENT ST				С	PROV1720
	ACCEPTED					
P W	PENDING WORK					
REGION CODE THE HCFA REGIONAL OFFICE HAVI STATE IN WHICH THE PROVIDER I COBOL NAME: REGION		IBILITY			С	PROV1725
	I BOST					
-	II NEW		A			
	IV ATLA					
05 06	V CHIC					
07	VI KANS					
0.8	VIII DENV	ER .				

```
IX SAN FRANCISCO
            09
                          X SEATTLE
            10
  SKELETON RECORD INDICATOR 1 152 152 C PROV2045
    INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
    ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
    FOR THIS PROVIDER.
    COBOL NAME: SKELETON-IND
   VALUES: Y
                           YES
                              2 153 154 C PROV3230
  STATE ABBREVIATION
    STATE ABBREVIATION
    COBOL NAME: STATE-ABBREV
    VALUES: AK
                            ALASKA
            AL
                            ALABAMA
            AR
                            ARKANSAS
            AS
                           AMERICAN SAMOA
            AΖ
                           ARIZONA
            CA
                           CALIFORNIA
            CN
                           CANADA
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000
               POS RECORD LAYOUT
                                               PAGE: 5
   END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                    LEN START END TYPE SAS NAME
            CO
                            COLORADO
            CT
                            CONNECTICUT
            DC
                            DISTRICT OF COLUMBIA
            DE
                            DELAWARE
            FL
                            FLORIDA
            GΑ
                            GEORGIA
            GU
                            GUAM
            ΗI
                            HAWAII
            IΑ
                            IOWA
            ΙD
                            IDAHO
            ΙL
                            ILLINOIS
            ΙN
                            INDIANA
            KS
                            KANSAS
            ΚY
                            KENTUCKY
                            LOUISIANA
            LA
            MA
                            MASSACHUSETTS
            MD
                            MARYLAND
            ME
                            MAINE
            MΙ
                            MICHIGAN
```

MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
AW	WASHINGTON

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA 02 ALASKA

03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

41 RHODE ISLAND

42	SOUTH CAROLINA
43	SOUTH DAKOTA
4 4	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
0 0	SHITH
STATES REGION CODE	3 157 159 C PROV2710
FOR SELECTED STATES, IDENTIFI	
WITHIN THE STATE WHERE THE FA	
COBOL NAME: STATE-REGION-CD	
STREET ADDRESS	50 160 209 C PROV2720
STREET ADDRESS OF A PROVIDER	
PROVIDE MEDICARE AND/OR MEDIC	
COBOL NAME: STREET-ADDRESS	AID SERVICES.
	10 210 219 C PROV1605
TELEPHONE NUMBER	
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMARY CONTACT OR
THE OPERATOR OF A PROVIDER.	
COBOL NAME: PHONE-NUM	0 000 001 0 0004550
TERMINATION CODE # 1	2 220 221 C PROV4770
TERMINATION CODE #1, THE REAS	
TERMINATED FROM THE CLIA, MED	CARE AND/OR MEDICAID
PROGRAMS.	
COBOL NAME: TERM-CD-1	
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
04	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1 TYPE OF ACTION 1 230 230 C PROV2880 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL RECERTIFICATION TERMINATION CHANGE OF OWNERSHIP TYPE OF CONTROL 2 231 232 C PROV2885 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 FOR PROFIT 02 NOT FOR PROFIT 0.3 PUBLIC ZIP CODE 233 237 C PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 238 239 C FIPS STATE CODE FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 240 242 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 243 245 C SSA MSA CODE SSAMSACD SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 246 246 C SSA MSA SIZE CODE 1 SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD 7.2 365 371 N PROV0820 NUMBER OF FULL-TIME EQUIVALENT DIETICIANS EMPLOYED BY A

FACILITY.

COBOL NAME: NUM-DIETICIANS 4 372 375 C PROV0485 FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL YEAR. COBOL NAME: FISC-YR-END-DT MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT END STAGE RENAL DISEASE FACILITIES, CATEGORY = "09" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME OTHER PERSONNEL 7.2 414 420 N PROV1075 THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL 7.2 467 473 N PROV1145 REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS 10 502 511 C PROV1755 RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM 38 831 868 C MULTI-FACILITY ORGANIZATION NAME PROV0680 THE NAME OF THE MULTI-FACILITY ORGANIZATION THAT OWNS THE FACILITY. COBOL NAME: NAME-MULT-FACL-ORG MULTI-FACILITY ORGANIZATION OWNED 1 869 869 C PROV0675 INDICATES IF A FACILITY IS OWNED BY AN ORGANIZATION THAT OWNS (OR LEASES) TWO OR MORE NURSING FACILITIES. COBOL NAME: MULT-FACL-ORG VALUES: Y YES SOCIAL WORKERS 7.2 1434 1440 N PROV1185 THE NUMBER OF FULL TIME EQUIVALENT SOCIAL WORKERS EMPLOYED BY THE AGENCY. COBOL NAME: NUM-SOCIAL-WRKS 2 1515 1516 C ESRD NETWORK # PROV0685

THE NUMBER OF THE NETWORK TO WHICH THE END STAGE RENAL

DIALVSIS	FACTLTTY	TS	ASSIGNED.

	ME: NETWORK-NUM	2 .
VALUES:		CONN-MAINE-MASS-NEW HAMP-RHODE ISLAND-VERMON
VALUES.	02	NEW YORK
	03	NEW JERSEY, PUERTO RICO AND VIRGIN ISLAND
	0.4	DELAWARE AND PENNSYLVANIA
	05	DIST OF COLUM-MARYLAND-VIRGINIA-WEST VIRGINI
	06	
	07	GEORGIA, SOUTH CAROLINA AND NORTH CAROLINA
		FLORIDA
	08	ALABAMA, MISSISSIPPI AND TENNESSEE
	09	INDIANA, KENTUCKY AND OHIO
	10	ILLINOIS
	11	MICH-MINN-NORTH DAKOTA-SOUTH DAKOTA-WISCONSI
	12	IOWA, KANSAS, MISSOURI AND NEBRASKA
	13	ARKANSAS, LOUISIANA AND OKLAHOMA
	14	TEXAS
	15	ARIZONA-COLO-NEVADA-NEW MEXI-UTAH AND WYOMIN
	16	ALASKA, IDAHO, MONTANA, OREGON AND WASHINGTO
SHORT DESC	RIPTION	LEN START END TYPE SAS NAME
		COUNTIES IN NORTHERN CALIF, HAWAII, AS, GUAM
	18	COUNTIES IN SOUTHERN CALIFORNIA
NUMBER O	PATIENTS TUE. 4TH SHI F PATIENTS TUE. 4TH S ME: NUM-PATIENT-TUE-S	SHIFT
	HEMODIALYSIS	3 1520 1522 N PROV1230
		YSIS STATIONS IN AN END
	NAL DISEASE (ESRD) FA	
	ME: NUM-STATIONS-HEMO	
STATIONS -		3 1523 1525 N PROV2855
		DIALYSIS STATIONS IN AN
	E RENAL DIALYSIS FAC	
	ME: TOT-STATIONS	11111.
	ASED INDICATOR	1 1667 1667 C PROV0565
	BASED INDICATOR	T 100/ 100/ C PROVUSOS
	ME: HOSP-BASED-IND	HOGDTERT DROED
VALUES:	ĭ	HOSPITAL BASED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 02 TITLE 19 ONLY

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 10 NURSING FACILITIES

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSH TAKEN PLACE FOR A PARTICULAR PROVIDER.			N	PROV0095
COBOL NAME: CHOW-CNT CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIF COBOL NAME: CHOW-DT	8 7	14	С	PROV0100
COBOL NAME: CHOW-DI CITY CITY IN WHICH THE PROVIDER IS PHYSICALI COBOL NAME: CITY	28 15 LY LOCATED.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANC REQUIREMENTS BASED ON AN ACCEPTABLE PLA OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR	E WITH PROGRA N FOR CORRECT	M ION		PROV0220
VALUES: 1 COMPLIANC	E BASED ON AC	CEPTA	BLE PC)C
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL			С	PROV2715
VALUES: A IN COMPLI B NOT IN CO				
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY W IS LOCATED. COBOL NAME: SSA-COUNTY			С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICU COBOL NAME: CROSS-REF-PROV-NUM			С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8 58	65	С	PROV0500
* INDICATES THIS FIELD HAS BEEN ADDED OR CH	ANGED SINCE:	01/0	4/2000	
1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = "	TUOY			PAGE: 2
SHORT DESCRIPTION	LEN START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY OF WHICHEVER IS LATER. THE "OFFICIAL" SUF	•	73	С	PROV2740

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES: 00511 CAHABA

01390 AETNA (WASHINGTON)

31142 NATIONAL HERITAGE INSURANCE CO (MAINE)

31143 NATIONAL HERITAGE INSURANCE CO

31145 NATIONAL HERITAGE INSURANCE CO (VERMONT)

PARTICIPATION DATE 8 118 125 C PROV1565

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN

COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 139 148 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-

SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER

IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

RECORD TYPE 1 149 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED

P PENDING

W WORK

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

2 150 151 C PROV1725 REGION CODE

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

VALUES:	01	I	BOSTON
	02	ΙI	NEW YORK
	03	III	PHILADELPHIA
	04	IV	ATLANTA
	05	V	CHICAGO
	06	VI	DALLAS
	07	VII	KANSAS CITY
	08	VIII	DENVER
	09	IX	SAN FRANCISCO
	10	Χ	SEATTLE

1 152 152 C PROV2045 SKELETON RECORD INDICATOR

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

2 153 154 C PROV3230 STATE ABBREVIATION

HAWAII

IOWA

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

ΗI

ΙA

00202 111112 1122121	
VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL	FLORIDA
GA	GEORGIA
GU	GUAM

ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON

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WI
                            WISCONSIN
            WV
                             WEST VIRGINIA
            WY
                             WYOMING
  STATE CODE (SSA)
                                      2 155 156 C PROV2700
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                            ALABAMA
            02
                             ALASKA
            03
                            ARIZONA
            04
                             ARKANSAS
            0.5
                            CALIFORNIA
            06
                            COLORADO
            07
                            CONNECTICUT
            0.8
                            DELAWARE
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
          NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                      LEN START END TYPE SAS NAME
            09
                             DISTRICT OF COLUMBIA
            10
                             FLORIDA
            11
                             GEORGIA
            12
                             HAWAII
            13
                             IDAHO
            14
                             ILLINOIS
            15
                             INDIANA
            16
                             IOWA
            17
                             KANSAS
            18
                             KENTUCKY
            19
                             LOUISIANA
            20
                             MAINE
            21
                             MARYLAND
            22
                             MASSACHUSETTS
            23
                             MICHIGAN
            24
                             MINNESOTA
            25
                             MISSISSIPPI
            26
                             MISSOURI
            27
                             MONTANA
            28
                             NEBRASKA
            29
                            NEVADA
            30
                            NEW HAMPSHIRE
            31
                            NEW JERSEY
```

32 33			NEW MEXICO	
			NEW YORK	
34			NORTH CAROLINA	
35			NORTH DAKOTA	
36			OHIO	
37			OKLAHOMA	
38			OREGON	
39			PENNSYLVANIA	
40			PUERTO RICO	
41			RHODE ISLAND	
42			SOUTH CAROLINA	
43			SOUTH DAKOTA	
44			TENNESSEE	
45			TEXAS	
46			UTAH	
47			VERMONT	
48			VIRGIN ISLANDS	
49			VIRGINIA	
50			WASHINGTON	
51			WEST VIRGINIA	
52			WISCONSIN	
53			WYOMING	
56			CANADA	
59			MEXICO	
64			AMERICAN SAMOA	
0 1			TELETCIAN STEROIT	
	FIELD	HAS	BEEN ADDED OR CHANGED	SIN
000			POS RECORD LAYOUT	

* INDICATES TH NCE: 01/04/2000

1DATE: 04/03/2000 PAGE: 6

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

> 65 GUAM SAIPAN 66

STATES REGION CODE 3 157 159 C PROV2710

FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION

WITHIN THE STATE WHERE THE FACILITY IS LOCATED

COBOL NAME: STATE-REGION-CD

STREET ADDRESS 50 160 209 C PROV2720

STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO

PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: STREET-ADDRESS

10 210 219 C TELEPHONE NUMBER PROV1605

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF A PROVIDER.

```
COBOL NAME: PHONE-NUM
                                   2 220 221 C PROV4770
  TERMINATION CODE # 1
    TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
    TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
    PROGRAMS.
    COBOL NAME: TERM-CD-1
    VALUES: 00
                            ACTIVE
            0.1
                           VOL-MERG, CLOSE
            02
                           VOL-REIMBURSE
            03
                           VOL-RISK INVOL
            0.4
                           VOL-OTHER
            0.5
                            INVOL-FAIL REO
            0.6
                           INVOL-AGREEMNT
            0.7
                            OTH-STATUS CHG
  TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500
    THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
    THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
    COBOL NAME: EXP-DT-1
  TYPE OF ACTION
                               1 230 230 C PROV2880
    IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
    TRANSMITTAL FORM WAS PREPARED.
    COBOL NAME: TYPE-ACTION
    VALUES: 1
                             INITIAL
                           RECERTIFICATION
                            TERMINATION
                           CHANGE OF OWNERSHIP
                                      2 231 232 C PROV2885
  TYPE OF CONTROL
    INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
    A PROVIDER OF SERVICES.
    COBOL NAME: TYPE-CONTROL
    VALUES: 01 FOR PROFIT - INDIVIDUAL
            02
                           FOR PROFIT - PARTNERSHIP
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
         NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                      LEN START END TYPE SAS NAME
            0.3
                             FOR PROFIT - CORPORATION
            04
                             NONPROFIT - CHURCH RELATED
            05
                            NONPROFIT - CORPORATION
            06
                            NONPROFIT - OTHER
            0.7
                           GOVERNMENT - STATE
```

08 09 10 11	GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT	- CITY - CITY, - HOSP	/COUNT		CT	
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR COBOL NAME: ZIP-CD	R THE PROVID		233	237	С	PROV2905
FIPS STATE CODE FIPS STATE CODE		2	238	239	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE FIPS COUNTY CODE		3	240	242	С	FIPCNTY
COBOL NAME: WS-FIPS-CNTY SSA MSA CODE SSA MSA CODE		3	243	245	С	SSAMSACD
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE		1	246	246	С	SSAMSASZ
COBOL NAME: WS-SSA-MSA-SIZE-COBEDS - TOTAL TOTAL NUMBER OF BEDS IN A FAC	ILITY, INCLU	DING T		288	N	PROV0740
IN NON-PARTICIPATING OR NON-LE COBOL NAME: NUM-BEDS BEDS - TOTAL CERTIFIED	ICENSED AREA		289	292	N	PROV0755
NUMBER OF BEDS IN MEDICARE AN AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS	D/OR MEDICAI	D CERT	IFIED			
COMPLIANCE: LIFE SAFETY CODE INDICATES IF A WAIVER OF THE I RECOMMENDED FOR A PROVIDER. COBOL NAME: COMPL-LSC	LIFE SAFETY	1 CODE HA			С	PROV0240
VALUES: 1	WAIVER RECO	MMENDE	D			
COMPLIANCE: 24 HR REGISTERED NUMBER OF THE STATE OF THE S	24 HOUR REGI	STERED CILITY	NURSE.	353	С	PROV0290

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
FISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAY) OF A FAC YEAR. COBOL NAME: FISC-YR-END-DT				С	PROV0485
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO A FACT STATE MEDICAID AGENCY FOR EXTERNAL CONTR PURPOSES.	LITY	BY THE		С	PROV0655
COBOL NAME: MEDICAID-VEND-NUM PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES II MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID O	N MED			С	PROV1670
REGIONAL OVERRIDE #1 (NUMBER BEDS) THIS FIELD IS SET TO "Y" WHEN THE REGION. HAS TO OK A PENDING RECORD IN THE SPECIA SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS	AL OF L FIE ORIES	FICE LDS IN THE		С	PROV1545
REGIONAL OVERRIDE #2 (STAFFING) THIS FIELD IS SET TO "Y" WHEN THE REGION. HAS TO OK A PENDING RECORD IN THE SPECIA SCREEN. THIS FIELD ONLY APPLIES TO CATE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-2 VALUES: Y RECORD HAS	AL OF L FIE GORIE	FICE LDS S IN TH	E	С	PROV1550
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER'S FAC MORE THAN ONE DISTINCT PROVIDER, SUCH AS DISTINCT PART LONG TERM CARE. THE NUMBE: WILL BE THE PROVIDER NMBR OF THE HIGHEST COBOL NAME: RELATED-PROV-NUM	ILITY A HOS R IN	CONTAL W THIS FI	NS ITH ELD	С	PROV1755
ACTIVITY PROFESSIONAL - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT ACTIV PROFESSIONALS UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-ACT-THER-CONTRACT	ITIES		575	N	PROV0695
			582	N	PROV0700

PROFESSIONALS EMPLOYED FULL TIME BY A FACILITY. COBOL NAME: NUM-ACT-THER-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CF 1DATE: 04/03/2000 POS RECORD LA		NCE:	01/04	1/2000	PAGE: 9
NURSING FACILITIES, CATEGORY = '	'10" (SEE	POSI	TIONS	3-4)	
SHORT DESCRIPTION	LEN S	TART	END	TYPE	SAS NAME
ACTIVITY PROFESSIONAL - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ACTI PROFESSIONALS EMPLOYED PART TIME BY A F	IVITIES		589	N	PROV0705
COBOL NAME: NUM-ACT-THER-PART-TIME ADMINISTRATION - CONTRACT	7.2	590	596	N	PROV0710
THE NUMBER OF FULL-TIME EQUIVALENT ADMIUNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-ADMN-CONTRACT	INISTRATI	VE STA	AFF		
ADMINISTRATOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMI EMPLOYED ON A FULL TIME BASIS BY A FACI COBOL NAME: NUM-ADMN-FULL-TIME	INISTRATI			N	PROV0715
ADMINISTRATOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT ADMI EMPLOYED ON A PART-TIME BASIS BY A FACT	INISTRATI			N	PROV0720
COBOL NAME: NUM-ADMN-PART-TIME ADMISSION SUSPENSION DATE THE DATE THAT PAYMENTS FOR NEW ADMISSION TERM CARE FACILITY WILL BE DENIED IF AN SANCTION IS TAKEN AGAINST THE FACILITY.	ONS IN A N INTERME	LONG	618	С	PROV0030
COBOL NAME: ADMIN-SUSP-DT BEDS - NURSING FACILITY NUMBER OF MEDICAID CERTIFIED SKILLED NU BEDS IN A FACILITY. COBOL NAME: NUM-T19-SNF-BEDS			626	N	PROV1455
COBOL NAME: NOM-119-SNF-BEDS CERT NURSE AIDES - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT CERT AIDES UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-NURSE-AID-CONTRACT			637	N	PROV1000
CERT NURSE AIDES - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT CERT AIDES EMPLOYED BY A FACILITY ON A FULL COBOL NAME: NUM-NURSE-AID-FULL-TIME	rified nu	IRSE	644	N	PROV1005
CERT NURSE AIDES - PART TIME	7.2	645	651	N	PROV1010

THE NUMBER OF FULL-TIME EQUIVALENT CERTIFIED NURSE

AIDES EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-NURSE-AID-PART-TIME

COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT

HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

COMPLIANCE: 7 DAY REGISTERED NURSE 1 655 C PROV0295

INDICATES IF A WAIVER OF THE 7 DAY REGISTERED NURSE

REQUIREMENTS HAS BEEN RECOMMENDED FOR A SNF OR NF.

COBOL NAME: COMPL-7-DAY-RN

VALUES: 1 WAIVER RECOMMENDED

DENTISTS - CONTRACT 7.2 656 662 N PROV0785

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS UNDER

CONTRACT TO A FACILITY.

COBOL NAME: NUM-DENTIST-CONTRACT

DENTISTS - FULL TIME 7.2 663 669 N PROVO790

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DENTIST-FULL-TIME

DENTISTS - PART TIME 7.2 670 676 N PROV0795

THE NUMBER OF FULL-TIME EQUIVALENT DENTISTS EMPLOYED

BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-DENTIST-PART-TIME

DIETITIANS - CONTRACT 7.2 677 683 N PROV0805

THE NUMBER OF FULL-TIME EQUIVALENT UNDER CONTRACT TO

A FACILITY.

COBOL NAME: NUM-DIET-CONTRACT

DIETITIANS - FULL TIME 7.2 684 690 N PROV0810

THE NUMBER OF FULL-TIME EQUIVALENT DIETITIANS

EMPLOYED BY A FACILITY ON A FULL TIME BASIS.

COBOL NAME: NUM-DIET-FULL-TIME DIETITIANS - PART TIME	7.2	691	697	N	PROV0815
THE NUMBER OF FULL-TIME EQUIVALENT DIETI BY A FACILITY ON A PART TIME BASIS. COBOL NAME: NUM-DIET-PART-TIME	TIANS	EMPLOYE	D		
EXPERIMENTAL RESEARCH CONDUCTED INDICATES IF A FACILITY USES RESIDENTS T TEST CLINICAL TREATMENTS. COBOL NAME: EXPER-RESEARCH VALUES: Y YES				С	PROV0465
FOOD SERVICE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT FOOD PERSONNEL UNDER CONTRACT TO A FACILITY.			705	N	PROV0860
COBOL NAME: NUM-FOOD-SRV-CONTRACT FOOD SERVICE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD PERSONNEL EMPLOYED BY A FACILITY ON A FU	SERVIC	E		N	PROV0865
COBOL NAME: NUM-FOOD-SRV-FULL-TIME FOOD SERVICE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT FOOD PERSONNEL EMPLOYED BY A FACILITY ON A PA COBOL NAME: NUM-FOOD-SRV-PART-TIME	SERVIC	E		N	PROV0870
CODOL NAME. NON FOOD SKY FAKT TIME					
* INDICATES THIS FIELD HAS BEEN ADDED OR CHA 1DATE: 04/03/2000 POS RECORD LAY NURSING FACILITIES, CATEGORY = "1	TUO!				PAGE: 11
* INDICATES THIS FIELD HAS BEEN ADDED OR CHA 1DATE: 04/03/2000 POS RECORD LAY	OUT .0" (SE	E POSIT	'IONS	3-4)	
* INDICATES THIS FIELD HAS BEEN ADDED OR CHAT 1DATE: 04/03/2000 POS RECORD LAY NURSING FACILITIES, CATEGORY = "1 SHORT DESCRIPTION HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSE PERSONNEL UNDER CONTRACT TO A FACILITY.	COUT .O" (SE LEN 7.2	E POSIT START 720	CIONS END	3-4) TYPE	PAGE: 11
* INDICATES THIS FIELD HAS BEEN ADDED OR CHA 1DATE: 04/03/2000 POS RECORD LAY NURSING FACILITIES, CATEGORY = "1 SHORT DESCRIPTION HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSE PERSONNEL EMPLOYED BY A FACILITY ON A FU	COUT O" (SE LEN 7.2 CKEEPIN 7.2 CKEEPIN	E POSIT START 720 G 727 G	PIONS FIND 726	3-4) TYPE N	PAGE: 11
* INDICATES THIS FIELD HAS BEEN ADDED OR CHA 1DATE: 04/03/2000 POS RECORD LAY NURSING FACILITIES, CATEGORY = "1 SHORT DESCRIPTION HOUSEKEEPING - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT HOUSE PERSONNEL UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-HOUSE-CONTRACT HOUSEKEEPING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT HOUSE	COUT O" (SE LEN 7.2 CKEEPIN 7.2 CKEEPIN 7.2 CKEEPIN 7.2 CKEEPIN	E POSIT START 720 G 727 G E BASIS 734 G	726 733	3-4) TYPE N	PAGE: 11 SAS NAME PROV0925

LPN/LVN - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT LICE VOCATIONAL NURSES EMPLOYED BY A FACILIT BASIS.		AL/	N	PROV1470
COBOL NAME: NUM-VOC-NURSE-FULL-TIME LPN/LVN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT LICE VOCATIONAL NURSES EMPLOYED BY A FACILIT BASIS.		AL/	N	PROV1475
COBOL NAME: NUM-VOC-NURSE-PART-TIME LTC CROSS REFERENCE PROVIDER # THIS CROSS REFERENCE NUMBER IDENTIFIES NUMBERS THAT WERE TERMINATED IN 1985 BE CHANGES WHICH STATES THAT SNF/ICF DISTI LLY CERTIFIED PORTIONS ARE ASSIGNED SIN COBOL NAME: LTC-CROSS-REF-PROV-NUM	LTC PROVIDER CAUSE OF POI NCT PARTS OF	ICY DUA	С	PROV0640
MEDICAL DIRECTOR - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT MEDI- UNDER CONTRCAT TO A FACILITY. COBOL NAME: NUM-MED-CONTRACT			N	PROV0960
MEDICAL DIRECTOR - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDI- EMPLOYED BY A FACILITY ON A FULL TIME B. COBOL NAME: NUM-MED-FULL-TIME	CAL DIRECTOR ASIS.	.S	N	PROV0965
MEDICAL DIRECTOR - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDI EMPLOYED BY A FACILITY ON A PART TIME B. COBOL NAME: NUM-MED-PART-TIME	CAL DIRECTOR ASIS.	S		PROV0970
MEDICATION AIDES/TECHN-CONTRACT THE NUMBER OF FULL-TIMR EQUIVALENT MEDITECHNICIANS UNDER CONTRACT TO A FACILIT COBOL NAME: NUM-MED-AID-CONTRACT	CATION AIDES		N	PROV5180
* INDICATES THIS FIELD HAS BEEN ADDED OR CH. 1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = "	YOUT			PAGE: 12
SHORT DESCRIPTION	LEN START	END	TYPE	SAS NAME
MEDICATION AIDES/TECHS-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT MEDITECHNICIANS EMPLOYED BY A FACILITY ON A BASIS. COBOL NAME: NUM-MED-AID-FULL-TIME	CATION AIDES		N	PROV5170
	7.2 803 CATION AIDES		N	PROV5175

TECHNICIANS EMPLOYED BYA FACILITY ON BASIS.	A PART TIM	ΙE		
COBOL NAME: NUM-MED-AID-PART-TIME				
MENTAL HEALTH SERVICES - CONTRACT	7.2	810 83	16 N	PROV0980
THE NUMBER OF FULL-TIME EQUIVALENT ME	ENTAL HEALT	'H		
SERVICES PERSONNEL UNDER CONTRACT TO	A FACILITY			
COBOL NAME: NUM-MEN-HLTH-CONTRACT				
MENTAL HEALTH SERVICES - FULL TIME	7.2	817 82	23 N	PROV0985
THE NUMBER OF FULL-TIME EQUIVALENT ME	ENTAL HEALT	'H		
SERVICES PERSONNEL EMPLOYED BY A FACI	ILITY ON A	FULL		
TIME BASIS.				
COBOL NAME: NUM-MEN-HLTH-FULL-TIME				
MENTAL HEALTH SERVICES - PART TIME	7.2	824 83	30 N	PROV0990
THE NUMBER OF FULL TIME EQUIVALENT ME	ENTAL HEALT	'H		
SERVICES PERSONNEL EMPLOYED BY A FACI	ILITY ON A	PART		
TIME BASIS.				
COBOL NAME: NUM-MEN-HLTH-PART-TIME				
MULTI-FACILITY ORGANIZATION NAME	38	831 8	68 C	PROV0680
THE NAME OF THE MULTI-FACILITY ORGANI	IZATION THA	T OWNS		
THE FACILITY.				
COBOL NAME: NAME-MULT-FACL-ORG				
MULTI-FACILITY ORGANIZATION OWNED	1	869 8	69 C	PROV0675
INDICATES IF A FACILITY IS OWNED BY A	AN ORGANIZA	MOITA		
THAT OWNS (OR LEASES) TWO OR MORE NUR	RSING FACII	ITIES.		
COBOL NAME: MULT-FACL-ORG				
VALUES: Y YES				
NURSE AIDES IN TRNG - CONTRACT			76 N	PROV5165
NUMBER OF FULL TIME EQUIVALENT NURSE	AIDES IN T	RAINING		
UNDER CONTRACT TO A FACILITY.				
COBOL NAME: NUM-AID-TRNG-CONTRACT				
NURSE AIDES IN TRNG-FULL TIME			83 N	PROV5155
THE NUMBER OF FULL-TIME EQUIVALENT NU	JRSE AIDES	IN		
TRAINING EMPLOYED BY A FACILITY ON A	FULL TIME	BASIS.		
COBOL NAME: NUM-AID-TRNG-FULL-TIME				
NURSE AIDES IN TRNG-PART TIME	7.2	884 8	90 N	PROV5160
THE NUMBER OF FULL-TIME EQUIVALENT NU				
TRAINING EMPLOYED BY A FACILITY ON A	PART TIME	BASIS.		
COBOL NAME: NUM-AID-TRNG-PART-TIME				

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
NURSES WITH ADMIN DUTIES-CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT NURSE ADMINISTRATIVE DUTIES UNDER CONTRACT TO	ES WIT	Н	897	N	PROV5150
COBOL NAME: NUM-NURSE-ADM-CONTRACT NURSES WITH ADMIN DUTIES-FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT NURSE ADMINISTRATIVE DUTIES EMPLOYED BY A FACT TIME BASIS.	ES WIT	Н		N	PROV5135
NUMBER OF FULL-TIME EQUIVALENT NURSES WI ADMINISTRATIVE DUTIES EMPLOYED BY A FACT PART TIME BASIS.	ITH		911	N	PROV5145
COBOL NAME: NUM-NURSE-ADM-PART-TIME OCCUP THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUP THERAPY AIDES UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OCC-AID-CONTRACT	PATION	AL			PROV1020
OCCUP THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUP AIDES EMPLOYED BY A FACILITY ON A FULL TOOR OF THE PROPERTY OF THE PR	PATION	AL THER		N	PROV1025
OCCUP THERAPY AIDE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUP AIDES EMPLOYED BY A FACILITY ON A PART TO	PATION	AL THER		N	PROV1030
OCCUP THERAPY ASST - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT OCCUP ASSISTANTS UNDER CONTRCAT TO A FACILITY COBOL NAME: NUM-OCC-ASST-CONTRACT	PATION	933 AL THER		N	PROV5195
OCCUP THERAPY ASST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUP ASSISTANTS EMPLOYED BY A FACILITY ON A FOREST OF THE STATE OF T	PATION		APY	N	PROV5185
OCCUP THERAPY ASST - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUP ASSISTANTS EMPLOYED BY A FACILITY ON A R COBOL NAME: NUM-OCC-ASST-PART-TIME	PATION		APY	N	PROV5190
OCCUPATIONAL THERAPIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OCCUP THERAPISTS UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-OCC-THER-CONTRACT	PATION		960	N	PROV1035
OCCUPATIONAL THERAPIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT OCCUP THERAPISTS EMPLOYED BY A FACILITY ON A F	PATION	AL		N	PROV1040

COBOL NAME: NUM-OCC-THER-FULL-TIME

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01,100 POS RECORD LAYOUT NURSING FACILITIES, CATEGORY = "10" (SEE POSITION		PAGE: 14
SHORT DESCRIPTION LEN START ENI	O TYPE	SAS NAME
OCCUPATIONAL THERAPIST - PART TIME 7.2 968 97 THE NUMBER OF FULL-TIME EQUIVALENT OCCUPATIONAL THERAPISTS EMPLOYED BY A FACILITY ON A PART TIME BASIS.	74 N	PROV1045
COBOL NAME: NUM-OCC-THER-PART-TIME ORGANIZED FAMILY GROUP 1 975 9° INDICATES IF THE FACILITY HAS AN ORGANIZED GROUP OF FAMILY MEMBERS OF RESIDENTS. COBOL NAME: ORG-FAMILY-GRP	75 C	PROV1535
VALUES: Y YES		
ORGANIZED RESIDENT GROUP 1 976 9' INDICATES IF THE FACILITY HAS AN ORGANIZED RESIDENTS GROUP. COBOL NAME: ORG-RESID-GRP	76 C	PROV1540
VALUES: Y YES		
OTHER - CONTRACT 7.2 977 98 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-OTH-CONTRACT		PROV3265
OTHER - FULL TIME 7.2 984 99 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.		PROV3245
COBOL NAME: NUM-OTH-FULL-TIME OTHER - PART TIME 7.2 991 99 THE NUMBER OF FULL-TIME EQUIVALENT PERSONS NOT INCLUDED IN ANY OTHER CATEGORIES EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.		PROV3255
COBOL NAME: NUM-OTH-PART-TIME	004 N	PROV5270
COBOL NAME: NUM-OTH-ACT-CONTRACT OTHER ACTIVITIES STAFF-FULL TIME 7.2 1005 10 NUMBER OF FULL-TIME STAFF HOURS FOR OTHER ACTIVITIES. COBOL NAME: NUM-OTH-ACT-FULL-TIME	011 N	PROV5260

OTHER ACTIVITIES STAFF-PART TIME NUMBER OF PART TIME STAFF HOURS PROVIDED ITIES STAFF.		18 N	PROV5305
COBOL NAME: NUM-OTH-ACT-PART-TIME OTHER PHYSICIAN - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT OTHER UNDER CONTRACT TO A FACILITY COBOL NAME: NUM-OTH-PHY-CONTRACT	7.2 1019 102 PHYSICIANS	25 N	PROV1060
		32 N	PROV1065
* INDICATES THIS FIELD HAS BEEN ADDED OR CHAI 1DATE: 04/03/2000 POS RECORD LAYO NURSING FACILITIES, CATEGORY = "10	TUC		PAGE: 15
	LEN START END		
OTHER PHYSICIAN - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT OTHER EMPLOYED BY A FACILITY ON A PART TIME BAY COBOL NAME: NUM-OTH-PHY-PART-TIME	PHYSICIANS	39 N	PROV1070
	7.2 1040 104 BY OTHER SOCIAL	16 N	PROV5300
	7.2 1047 105 BY OTHER SOCIA	53 N	PROV5290
	7.2 1054 106 BY OTHER SOCIA	50 N	PROV5295
PHARMACISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHARM CONTRACT TO A FACILITY. COBOL NAME: NUM-PHAR-CONTRACT	7.2 1061 100 ACISTS UNDER	67 N	PROV1085
PHARMACISTS - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARM BY A FACILITY ON A FULL TIME BASIS. COBOL NAME: NUM-PHAR-FULL-TIME		74 N	PROV1090
PHARMACISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHARM BY A FACILITY ON A PART TIME BASIS.	7.2 1075 108 ACISTS EMPLOYED	31 N	PROV1095

COBOL NAME: NUM-PHAR-PART-TIME PHYS THER ASST - CONTRACT NUMBER OF CONTRACT STAFF HOURS FOR PHYS ISTANTS.				3 N	PROV5210
COBOL NAME: NUM-THER-ASST-CONTRACT PHYS THER ASST - FULL TIME NUMBER OF FULL-TIME STAFF HOURS FOR PHYS SISTANTS.				5 N	PROV5200
COBOL NAME: NUM-THER-ASST-FULL-TIME PHYS THER ASST - PART TIME NUMBER OF PART-TIME STAFF HOURS FOR PHYS SISTANTS.				2 N	PROV5205
COBOL NAME: NUM-THER-ASST-PART-TIME PHYSICAL THERAPISTS - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYS UNDER CONTRACT TO A FACILITY.) N	PROV1430
COBOL NAME: NUM-THER-CONTRACT PHYSICAL THERAPISTS - FULL TIME THE NUMBER OF FULL TIME EQUIVALENT PHYS EMPLOYED BY A FACILITY ON A FULL TIME BACOBOL NAME: NUM-THER-FULL-TIME	ICAL THE			5 N	PROV1435
* INDICATES THIS FIELD HAS BEEN ADDED OR CHAILDRATE: 04/03/2000 POS RECORD LATER NURSING FACILITIES, CATEGORY = ""	YOUT				PAGE: 16
1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = "	YOUT 10" (SEE	POSI	rions	3-4)	PAGE: 16
1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = " SHORT DESCRIPTION PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL EMPLOYED BY A FACILITY ON A PART TIME BY	YOUT 10" (SEE LEN S 7.2 ICAL THE	POSITE TART	FIONS END 1123	3-4) TYPE	PAGE: 16
1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = " SHORT DESCRIPTION PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL	YOUT 10" (SEE LEN S 7.2 ICAL THE ASIS. 7.2	TART 1117 RAPIST	FIONS END 1123 FS	3-4) TYPE 3 N	PAGE: 16 SAS NAME PROV1440
1DATE: 04/03/2000 POS RECORD LANURSING FACILITIES, CATEGORY = "STATE OF THE PROPERTY OF THE PR	YOUT 10" (SEE LEN S 7.2 ICAL THE ASIS. 7.2 ICAL THE 7.2 ICAL THE	TART 1117 RAPIST 1124 RAPY 1131 RAPY	FIONS END 1123 FS 1130	3-4) TYPE 3 N	PAGE: 16 SAS NAME PROV1440
1DATE: 04/03/2000 POS RECORD LA NURSING FACILITIES, CATEGORY = " SHORT DESCRIPTION PHYSICAL THERAPISTS - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL THERAPY AIDE - CONTRACT AIDE UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-THER-AID-CONTRACT PHYSICAL THERAPY AIDE - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT PHYSICAL	YOUT 10" (SEE LEN S 7.2 ICAL THE ASIS. 7.2 ICAL THE 100 BASI 100 THE 110 THE	TART 1117 RAPIST 1124 RAPY 1131 RAPY S. 1138 RAPY	FIONS END 1123 FS 1130	3-4) TYPE 3 N 0 N	PAGE: 16 SAS NAME PROV1440 PROV1415

UNDER CONTRACT TO THE FACILITY. COBOL NAME: NUM-PHYS-EXT-CONTRACT	
PHYSICIAN EXTENDER - FULL TIME 7.2 1152 1158 N	PROV3250
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS	
EMPLOYED BY THE FACILITY ON A FULL-TIME BASIS.	
COBOL NAME: NUM-PHYS-EXT-FULL-TIME PHYSICIAN EXTENDER - PART TIME 7.2 1159 1165 N	DD01/3260
THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN EXTENDERS	11003200
EMPLOYED BY THE FACILITY ON A PART-TIME BASIS.	
COBOL NAME: NUM-PHYS-EXT-PART-TIME	
PODIATRISTS - CONTRACT 7.2 1166 1172 N	PROV1130
THE NUMBER OF FULL TIME EQUIVALENT PODIATRISTS UNDER CONTRACT TO A FACILITY.	
COBOL NAME: NUM-POD-CONTRACT	
PODIATRISTS - FULL TIME 7.2 1173 1179 N	PROV1135
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED	
BY A AFCILITY ON A FULL TIME BASIS. COBOL NAME: NUM-POD-FULL-TIME	
PODIATRISTS - PART TIME 7.2 1180 1186 N	PROV1140
THE NUMBER OF FULL-TIME EQUIVALENT PODIATRISTS EMPLOYED	11.0 11110
BY A FACILITY ON A PART TIME BASIS.	
COBOL NAME: NUM-POD-PART-TIME	
PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C	PROV1610
PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED FOR A PROVIDER.	
COBOL NAME: PRIOR-ADMIN-SUSP-DT	
PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C	PROV1640
THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF	
ADMISSIONS TO A LTC FACILITY. COBOL NAME: PRIOR-RESC-SUSP-DT	
COBOL NAME: PRIOR-RESC-SUSP-DI	
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000	
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Notice the Hiller of the College of	
SHORT DESCRIPTION LEN START END TYPE	SAS NAME
PROVIDER BASED FACILITY 1 1203 1203 C	PROV1675
INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER	
BASED.	
COBOL NAME: PROV-BASED-FACILITY	
VALUES: Y HOSPITAL BASED	
REGISTERED NURSE - CONTRACT 7.2 1204 1210 N	PROV1150
THE NUMBER OF FULL-TIME EQUIVALENT REGISTERED NURSES	
UNDER CONTRACT TO A FACILITY.	

THE NUMBER OF FULL-TIME EQUIVALENT REGIST EMPLOYED BY A FACILITY ON A FULL TIME BAS			PROV1155
COBOL NAME: NUM-REG-NURSE-FULL-TIME REGISTERED NURSE - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT REGIST EMPLOYED BY A FACILITY ON A PART TIME BAS COBOL NAME: NUM-REG-NURSE-PART-TIME		1224 N	PROV1160
RESCIND SUSPENSION DATE DATE THAT THE SUPENSION OF PAYMENTS FOR N TO A LONG TERM CARE FACILITY (LTC) IS RES COBOL NAME: RESC-SUSP-DT	EW ADMISSION		PROV1825
RN DIRECTOR OF NURSING - CONTRACT THE NUMBER OF FULL TIME EQUIVALENT RN DIR NG UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-RN-DON-CONTRACT			PROV5130
RN DIRECTOR OF NURSING - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT RN DIR NURSING EMPLOYED BY A FACILITY ON A FULL COBOL NAME: NUM-RN-DON-FULL-TIME	ECTOR OF	1246 N	PROV5120
		1253 N	PROV5140
SOCIAL WORKER - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL UNDER CONTRACT TO A FACILITY.			
SOCIAL WORKER - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL EMPLOYED BY A FACILITY ON A FULL TIME BAS COBOL NAME: NUM-SOCIAL-FULL-TIME		1267 N	PROV1175
SOCIAL WORKER - PART TIME THE NUMBER OF FULL-TIME EQUIVALENT SOCIAL EMPLOYED BY A FACILITY ON A PART TIME BAS COBOL NAME: NUM-SOCIAL-PART-TIME		1274 N	PROV1180

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 18

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

,

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SPECIAL CARE BEDS-AIDS THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS WITH AIDS. COBOL NAME: NUM-AIDS-BEDS		1275 EDICATED	1277	N	PROV0725
SPECIAL CARE BEDS-ALZHEIMERS THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS WITH ALZEHE COBOL NAME: NUM-ALZHEIMERS-BEDS	ND D	EDICATED	1280	N	PROV0730
SPECIAL CARE BEDS-DIALYSIS THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS NEEDING DIA COBOL NAME: NUM-DIAL-BEDS	ND D		1283	N	PROV0800
SPECIAL CARE BEDS-DISABLED CHILD THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR DEISCABLED CHILDREN. COBOL NAME: NUM-DIS-CHILD-BEDS	ND D	EDICATED			
SPECIAL CARE BEDS-HEAD TRAUMA THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILTY FOR RESIDENTS WITH HEAD TR. COBOL NAME: NUM-HEAD-TRAUMA-BEDS	ND D	EDICATED	1289	N	PROV0905
SPECIAL CARE BEDS-HOSPICE THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY A FACILITY FOR RESIDENTS NEEDING HOSPI COBOL NAME: NUM-HOSPICE-BEDS	ND D		1292	N	PROV0920
SPECIAL CARE BEDS-HUNTINGTONS THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS WITH HUNTINGOBOL NAME: NUM-HUNTING-DIS-BEDS	ND D	EDICATED		N	PROV0940
SPECIAL CARE BEDS-SPEC REHAB THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS WITH SPECIA NEEDS.	ND D LIZE	EDICATED D REHAB			
SPECIAL CARE BEDS-VENTILATOR THE NUMBER OF BEDS IN A UNIT IDENTIFIED A BY THE FACILITY FOR RESIDENTS WITH VENTIL RESIPIRATORY CARE NEEDS.	ND D ATOR	EDICATED			
COBOL NAME: NUM-VENT-RESP-BEDS SPEECH PATHOLOGIST - CONTRACT THE NUMBER OF FULL-TIME EQUIVALENT SPEECH UNDER CONTRACT TO A FACILITY. COBOL NAME: NUM-SPCH-PATH-CONTRACT	7.2 PAT	1302 HOLOGISTS	1308	N	PROV1190
SPEECH PATHOLOGIST - FULL TIME THE NUMBER OF FULL-TIME EQUIVALENT SPPECH EMPLOYED BY A FACILITY ON A FULL TIME BAS COBOL NAME: NUM-SPCH-PATH-FULL-TIME	PAT			N	PROV1195

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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SPEECH PATHOLOGIST - PART TIME 7.2 1316 1322 N PROV1200

THE NUMBER OF FULL-TIME EOUIVALENT SPEECH PATHOLOGISTS

EMPLOYED BY A FACILITY ON A PART TIME BASIS.

COBOL NAME: NUM-SPCH-PATH-PART-TIME

SRV: ACTIVITIES-OFFSITE-RESIDENTS 1 1323 1323 C PROV3390

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-NON RES 1 1324 1324 C PROV3385

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-ACT-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: ACTIVITIES-ONSITE-RESIDENTS 1 1325 C PROV3380

INDICATES IF ACTIVITIES SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-ACT-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-OFFSITE-RESIDENTS 1 1326 1326 C PROV3525

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-NONRES 1 1327 C PROV3520

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: BLOOD ADMIN-ONSITE-RESIDENTS 1 1328 1328 C PROV3515

INDICATES IF ADMINISTRATION AND STORAGE OF BLOOD

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-ADM-BLOOD-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: CLINICAL LAB-OFFSITE-RESIDENT 1 1329 1329 C PROV3495

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-NON RES 1 1330 1330 C PROV3490

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: CLINICAL LAB-ONSITE-RESIDENTS 1 1331 C PROV3485

INDICATES IF CLINICAL LABORATORY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-CLIN-LAB-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-OFFSITE-RESIDENTS 1 1332 1332 C PROV3435

INDICATES IF DENTAL SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-NON RESIDENTS 1 1333 C PROV3430

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DENTAL-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DENTAL-ONSITE-RESIDENTS 1 1334 C PROV3425

INDICATES IF DENTAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DENTAL-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-OFFSITE-RESIDENTS 1 1335 C PROV3345

INDICATES IF DIETARY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: DIETARY-ONSITE-NON RESIDENTS 1 1336 1336 C PROV3340

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-DIETARY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: DIETARY-ONSITE-RESIDENTS 1 1337 C PROV3335

INDICATES IF DIETARY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-DIETARY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING ONSITE-NON RES 1 1338 1338 C PROV3535

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-OFFSITE-RES 1 1339 1339 C PROV3540

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: HOUSEKEEPING-ONSITE-RESIDENTS 1 1340 1340 C PROV3530

INDICATES IF HOUSEKEEPING SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-HOUSE-KP-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-OFFSITE-RES 1 1341 C PROV3465

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: MENTAL HEALTH-ONSITE-NON RES 1 1342 C PROV3460

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: MENTAL HEALTH-ONSITE-RESID 1 1343 1343 C PROV3455

INDICATES IF MENTAL HEALTH SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MEN-HLTH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: NURSING-OFFSITE-RESIDENTS 1 1344 C PROV3315

INDICATES IF NURSING SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-NURSING-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: NURSING-ONSITE-NON RESIDENTS 1 1345 C PROV3310

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-NURSING-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED Y

SERVICE IS PROVIDED

1 1346 1346 C PROV3305 SRV: NURSING-ONSITE-RESIDENTS

INDICATES IF NURSING SERVICES ARE PROVIDED ONSITE TO

COBOL NAME: SP-NURSING-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

SERVICE IS PROVIDED

SRV: OCCUP THER-OFFSITE-RESIDENTS 1 1347 C PROV3360

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-NON RESID 1 1348 1348 C PROV3355

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

> Y SERVICE IS PROVIDED

SRV: OCCUP THER-ONSITE-RESIDENTS 1 1349 C PROV3350

INDICATES IF OCCUPATIONAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-OCC-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

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SRV: OTH ACTIVITIES-OFFSITE TO RES 1 1350 1350 C PROV5255

FIELD 3 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE NONRES 1 1351 1351 C PROV5250

FIELD 2 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO NONRESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH ACTIVITIES-ONSITE RES 1 1352 1352 C PROV5245

FIELD 1 - INDICATES OTHER ACTIVITY SERVICES PROVIDED BY

STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-ACT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-OFFSITE TO RES 1 1353 1353 C PROV5285

FIELD 3 - INDICATES SERVICES PROVIDED BY OTHER SOCIAL S

ERVICES STAFF OFFSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO NONRES 1 1354 1354 C PROV5280

INDICATES IF OTHER SOCIAL SERVICES ARE PROVIDED ONSITE

TO NONRESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: OTH SOC SRV-ONSITE TO RES 1 1355 1355 C PROV5275

FIELD 1 - INDICATES SERVICES PROVIDED BY SOCIAL SERVICE

S STAFF ONSITE TO RESIDENTS.

COBOL NAME: SP-OTH-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-OFFSITE-RESIDENTS 1 1356 1356 C PROV3330

INDICATES IF PHARMACY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHARMACY-ONSITE-NON RESIDENTS 1 1357 1357 C PROV3325

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHARMACY-ONSITE-RESIDENTS 1 1358 1358 C PROV3320

INDICATES IF PHARMACY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHARMACY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-OFFSITE-RESID 1 1359 1359 C PROV3300

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-NON RES 1 1360 C PROV3295

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS EXTENDER-ONSITE-RESIDENT 1 1361 1361 C PROV3290

INDICATES IF PHYSICIAN EXTENDER SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-EXT-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYS THER-OFFSITE-RESIDENTS 1 1362 1362 C PROV3375

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

SRV: PHYS THER-ONSITE-NON RESIDENT 1 1363 1363 C PROV3370

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: PHYS THER-ONSITE-RESIDENTS 1 1364 1364 C PROV3365

INDICATES IF PHYSICAL THERAPY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-PHYS-THER-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-OFFSITE-RESIDENTS 1 1365 C PROV3285

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-NON RESIDENT 1 1366 1366 C PROV3280

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PHYS-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PHYSICIAN-ONSITE-RESIDENTS 1 1367 C PROV3275

INDICATES IF PHYSICIAN SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PHYS-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-OFFSITE-RESIDENTS 1 1368 1368 C PROV3450

INDICATES IF PODIATRY SERVICES ARE PROVIDED OFFSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-NON RESIDENTS 1 1369 C PROV3445

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

NON RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: PODIATRY-ONSITE-RESIDENTS 1 1370 1370 C PROV3440

INDICATES IF PODIATRY SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-PODIATRY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

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NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: SOCIAL WORK-OFFSITE-RESIDENTS 1 1371 C PROV3405

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-NON RESID 1 1372 1372 C PROV3400

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SOCIAL WORK-ONSITE-RESIDENTS 1 1373 1373 C PROV3395

INDICATES IF SOCIAL WORK SERVICES ARE PROVIDED ONSITE

TO RESIDENTS.

COBOL NAME: SP-MED-SOC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-OFFSITE-RESIDEN 1 1374 C PROV3420

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-NON RESID 1 1375 1375 C PROV3415

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO NON RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: SPEECH PATH-ONSITE-RESIDENTS 1 1376 C PROV3410

INDICATES IF SPEECH/LANGUAGE PATHOLOGY SERVICES ARE

PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-SPEECH-PH-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-OFFSITE TO RES 1 1377 1377 C PROV5225

INDICATES IF THERAPEUTIC RECRECATION SPECIALIST

SERVICES ARE PROVIDED OFFSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 27

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: THER REC SPEC-ONSITE-NONRES 1 1378 1378 C PROV5220

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO NONRESIDENTS.

COBOL NAME: SP-THER-REC-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: THER REC SPEC-ONSITE-RESIDENT 1 1379 1379 C PROV5215

INDICATES IF THERAPEUTIC RECREATION SPECIALIST

SERVICES ARE PROVIDED ONSITE TO RESIDENTS.

COBOL NAME: SP-THER-REC-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-OFFSITE-RESIDENTS 1 1380 1380 C PROV3480

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED OFFSITE

TO RESIDENTS.

COBOL NAME: SP-VOC-GUID-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-NON RESID 1 1381 C PROV3475

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE

TO NON RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: VOCATIONAL-ONSITE-RESIDENTS 1 1382 C PROV3470

INDICATES IF VOCATIONAL SERVICES ARE PROVIDED ONSITE TO

RESIDENTS.

COBOL NAME: SP-VOC-GUID-ON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-OFFSITE-RESIDENTS 1 1383 1383 C PROV3510

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

OFFSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-OFF-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

SRV: XRAY-ONSITE-NON RESIDENTS 1 1384 C PROV3505

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO NON RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-NON-RES

VALUES: N SERVICE IS NOT PROVIDED

Y SERVICE IS PROVIDED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 28

NURSING FACILITIES, CATEGORY = "10" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

SRV: XRAY-ONSITE-RESIDENTS 1 1385 1385 C PROV3500

INDICATES IF DIAGNOSTIC XRAY SERVICES ARE PROVIDED

ONSITE TO RESIDENTS.

COBOL NAME: SP-DIAG-XRAY-ON-RES

VALUES: N SERVICE IS NOT PROVIDED Y SERVICE IS PROVIDED

THER REC SPEC - CONTRACT 7.2 1386 1392 N PROV5240

NUMBER OF CONTRACT STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-CONTRACT

THER REC SPEC - FULL TIME 7.2 1393 1399 N PROV5230

NUMBER OF FULL-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-FULL-TIME

THER REC SPEC - PART TIME 7.2 1400 1406 N PROV5235

NUMBER OF PART-TIME STAFF HOURS PROVIDED BY THERAPEUTIC

RECREATION SPECIALIST.

COBOL NAME: NUM-THER-REC-PART-TIME

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROVO075

CHANGE OF OWNERSHIP COUNTER 2 5 6 N PROV0095

CHANGE OF OWNERSHIP DATE 8 7 14 C PROV0100

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220

VALUES: 11 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

TITLE 19 ONLY

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

THE NUMBER OF TIMES A CHANGE OF OWNERSHIP (CHOW) HAS

CITY IN WHICH THE PROVIDER IS PHYSICALLY LOCATED.

INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION

LEN START END TYPE SAS NAME

28 15 42 C

1 44 44 C PROV2715

PROV3225

COBOL NAME: STATUS-COMPL

VALUES: A IN COMPLIANCE

B NOT IN COMPLIANCE

VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC

COUNTY CODE 3 45 47 C PROV2695

SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED.

INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE

COBOL NAME: SSA-COUNTY

WITH PROGRAM REOUIREMENTS.

SHORT DESCRIPTION

VALUES: 02

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

COBOL NAME: CHOW-CNT

COBOL NAME: CHOW-DT

COBOL NAME: CITY

OF DEFICIENCIES.

COMPLIANCE: STATUS

CITY

NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND

TAKEN PLACE FOR A PARTICULAR PROVIDER.

COBOL NAME: COMPL-ACCEPT-PLAN-COR

EFFECTIVE DATE OF A CHANGE OF OWNERSHIP.

CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300

NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER.

COBOL NAME: CROSS-REF-PROV-NUM

CURRENT FMS SURVEY DATE 8 58 65 C PROV0500

CURRENT FMS SURVEY DATE
COBOL NAME: FMS-SURVEY-DT-1

* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2000 POS INTERMEDIATE CARE FACILITY-MENTAL	RECORD LAYOUT	1			PAGE: 2
SHORT DESCRIPTION	LE	IN STA	RT END	TYPI	E SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFT WHICHEVER IS LATER. THE "OFF" THE PROVIDER.	E SAFETY CODE	SURVEY	,	С	PROV2740
COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE INDICATES IF A FACILITY IS ELITHE MEDICARE AND/OR MEDICAID	IGIBLE TO PART			С	PROV0455
COBOL NAME: ELIG-CD VALUES: 1	ELIGIBLE TO F	ARTICI:	PATE TICIPATE		
FACILITY NAME THE NAME OF A PROVIDER OR SUP- PARTICIPATE IN THE MEDICARE A	PLIER CERTIFIE	D TO		С	PROV0475
COBOL NAME: FACILITY-NAME INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTER SERVICING A PROVIDER OR SUPPL	MEDIARY OR CAF IER.		13 117	С	PROV0605
	CAHABA AETNA (WASHIN				
31142 31143 31145		TAGE I	NSURANCE	CO	
PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVE COBOL NAME: PARTCI-DT	APPROVED TO PF		18 125	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT		1:	26 133	С	PROV1615

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PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620
   A PREVIOUS INTERMEDIARY NUMBER.WHEN
    COBOL NAME: PRIOR-INTER-CARRIER-NUM
                                      10 139 148 C
  PROVIDER NUMBER
                                                          PROV1680
   A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-
    SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER
    IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,
    A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.
   COBOL NAME: PROV-NUM
  RECORD TYPE
                                   1 149 149 C PROV1720
   THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.
   COBOL NAME: RECORD-TYPE
   VALUES: A
                           ACCEPTED
                           PENDING
           P
           M
                           WORK
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                         PAGE: 3
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-
                                      LEN START END TYPE SAS NAME
  SHORT DESCRIPTION
                                       2 150 151 C PROV1725
  REGION CODE
   THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE
    STATE IN WHICH THE PROVIDER IS LOCATED.
    COBOL NAME: REGION
   VALUES: 01 I BOSTON 02 II NEW YORK
                          III PHILADELPHIA
            03
            0.4
                           IV ATLANTA
            0.5
                           V CHICAGO
            0.6
                           VI DALLAS
            07
                           VII KANSAS CITY
            0.8
                           VIII DENVER
            09
                           IX SAN FRANCISCO
            10
                           X SEATTLE
  SKELETON RECORD INDICATOR 1 152 152 C PROV2045
    INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
    ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
    FOR THIS PROVIDER.
    COBOL NAME: SKELETON-IND
    VALUES: Y
                           YES
  STATE ABBREVIATION
                                      2 153 154 C PROV3230
   STATE ABBREVIATION
```

COBOL NAME: STATE-ABBREV	
VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
${ t FL}$	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA

MA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

MASSACHUSETTS

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MD MARYLAND ME MAINE MΙ MICHIGAN MN MINNESOTA MO MISSOURI MP SAIPAN MS MISSISSIPPI МТ MONTANA MX MEXICO NC NORTH CAROLINA ND NORTH DAKOTA NE NEBRASKA NH NEW HAMPSHIRE NJ NEW JERSEY NM NEW MEXICO

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NV
                                NEVADA
              NY
                                NEW YORK
              ОН
                                OHIO
              OK
                                OKLAHOMA
              OR
                                OREGON
              PΑ
                                PENNSYLVANIA
              PR
                                PUERTO RICO
                                RHODE ISLAND
              RΙ
              SC
                                SOUTH CAROLINA
              SD
                                SOUTH DAKOTA
              TN
                                TENNESSEE
              TX
                                TEXAS
              UT
                                UTAH
              VA
                                VIRGINIA
             VI
                                VIRGIN ISLANDS
              VT
                                VERMONT
              WA
                                WASHINGTON
              WΙ
                                WISCONSIN
              WV
                                WEST VIRGINIA
              WY
                                WYOMING
                                  2 155 156 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                                ALABAMA
              02
                                ALASKA
              03
                                ARIZONA
              04
                                ARKANSAS
              05
                                CALIFORNIA
              06
                                COLORADO
              07
                                CONNECTICUT
              08
                                DELAWARE
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000
                           POS RECORD LAYOUT
                                                                 PAGE: 5
INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-
  SHORT DESCRIPTION
                                          LEN START END TYPE SAS NAME
              09
                                DISTRICT OF COLUMBIA
              10
                                FLORIDA
              11
                                GEORGIA
              12
                                HAWAII
             13
                                IDAHO
             14
                                ILLINOIS
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16	15	INDIANA
17		
18 KENTUCKY 19 LOUISIANA 20 MAINE 21 MARYLAND 22 MASSACHUSETTS 23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA </td <td></td> <td></td>		
19 LOUISIANA 20 MAINE 21 MARYLAND 22 MASSACHUSETTS 23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEVADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
20		
21 MARYLAND 22 MASSACHUSETTS 23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEW ADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA 50 WASHINGTON 51 WISCONSIN WYOMING CANADA 59 MEXIC		
22 MASSACHUSETTS 23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEWADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 0REGON PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN WYOMING CANADA 59 MEXICO		
23 MICHIGAN 24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEWADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA 50 WASHINGTON 51 WISCONSIN WYOMING CANADA 59 MEXICO		
24 MINNESOTA 25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEW AMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA 50 WASHINGTON 51 WISCONSIN WYOMING CANADA 59 MEXICO	==	
25 MISSISSIPPI 26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEVADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
26 MISSOURI 27 MONTANA 28 NEBRASKA 29 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGINIA 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	= =	
27 MONTANA 28 NEBRASKA 29 NEVADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
28		
29 NEVADA 30 NEW HAMPSHIRE 31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	- ·	
30		
31 NEW JERSEY 32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
32 NEW MEXICO 33 NEW YORK 34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
33 34 34 36 37 36 37 38 38 38 39 40 40 40 40 41 41 42 43 43 44 42 42 43 44 44 44 44 44 44 44 44 45 47 47 48 47 48 48 49 49 49 49 49 49 49 49 49 49 49 49 49		
34 NORTH CAROLINA 35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
35 NORTH DAKOTA 36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
36 OHIO 37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	* -	
37 OKLAHOMA 38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
38 OREGON 39 PENNSYLVANIA 40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
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40 PUERTO RICO 41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
41 RHODE ISLAND 42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		
42 SOUTH CAROLINA 43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	40	PUERTO RICO
43 SOUTH DAKOTA 44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	41	RHODE ISLAND
44 TENNESSEE 45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	42	SOUTH CAROLINA
45 TEXAS 46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	43	SOUTH DAKOTA
46 UTAH 47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		TENNESSEE
47 VERMONT 48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	45	TEXAS
48 VIRGIN ISLANDS 49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO		UTAH
49 VIRGINIA 50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	47	VERMONT
50 WASHINGTON 51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	48	VIRGIN ISLANDS
51 WEST VIRGINIA 52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	49	VIRGINIA
52 WISCONSIN 53 WYOMING 56 CANADA 59 MEXICO	50	WASHINGTON
53 WYOMING 56 CANADA 59 MEXICO	51	WEST VIRGINIA
56 CANADA 59 MEXICO	52	WISCONSIN
59 MEXICO		WYOMING
	56	CANADA
64 AMERICAN SAMOA		MEXICO
	64	AMERICAN SAMOA

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
65	GUAM					
66	SAIPAN					
0 0	011111111					
STATES REGION CODE		3	157	159	С	PROV2710
FOR SELECTED STATES, IDENTIFE	ES THE PAR	TICULA	R REGIO	N		
WITHIN THE STATE WHERE THE FA	ACILITY IS	LOCATE	D			
COBOL NAME: STATE-REGION-CD						
STREET ADDRESS				209	С	PROV2720
STREET ADDRESS OF A PROVIDER			D TO			
PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	CAID SERVIC.	ES.				
TELEPHONE NUMBER		1 0	210	219	C	PROV1605
THE 10 DIGIT TELEPHONE NUMBER	OF THE PR				C	11001005
THE OPERATOR OF A PROVIDER.	. 01 11111 111		001111101	OIC		
COBOL NAME: PHONE-NUM						
TERMINATION CODE # 1		2	220	221	С	PROV4770
TERMINATION CODE #1, THE REAS	SON A FACIL	ITY HA	S BEEN			
TERMINATED FROM THE CLIA, MEI	DICARE AND/	OR MED	ICAID			
PROGRAMS.						
COBOL NAME: TERM-CD-1						
VALUES: 00	ACTIVE	~ ~ ~ ~ ~				
01 02	VOL-MERG,					
03	VOL-REIMB					
0.4	VOL-RISK VOL-OTHER					
05	INVOL-FAI					
06	INVOL-AGR	~				
07	OTH-STATU	S CHG				
TERMINATION DATE/EXPIRATION DATE	TE 1	8	222	229	С	PROV4500
THE DATE THE LABORATORY'S CER	RTIFICATE T	ERMINA	TED OR			
THE EXPIRATION DATE OF THE CU	JRRENT CLIA	CERTI	FICATE.			
COBOL NAME: EXP-DT-1		_				
TYPE OF ACTION		1			C	PROV2880
IDENTIFIES THE PURPOSE FOR WE TRANSMITTAL FORM WAS PREPARED		RTIFIC	ATION A	MD		
COBOL NAME: TYPE-ACTION	•					
VALUES: 1	INITIAL					
2	RECERTIFI	CATION				
3	TERMINATION					
4	CHANGE OF	OWNER	SHIP			
TYPE OF CONTROL			231	232	С	PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

COBOL NAME: COMPL-LSC

VALUES: 1

VALUES: 01 PRIVATE NON PROFIT
02 PRIVATE PROPRIETARY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 0.3 STATE 04 CITY/TOWN 05 COUNTY 06 CITY/COUNTY 07 OTHER 5 233 237 C PROV2905 ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 2 238 239 C FIPS STATE CODE FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 240 242 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 243 245 C SSA MSA CODE SSAMSACD SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 1 246 246 C SSA MSA SIZE CODE SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD BEDS - TOTAL 4 285 288 N PROV0740 TOTAL NUMBER OF BEDS IN A FACILITY, INCLUDING THOSE IN NON-PARTICIPATING OR NON-LICENSED AREAS. COBOL NAME: NUM-BEDS

CERTIFIED

4 289 292 N BEDS - TOTAL CERTIFIED PROV0755 NUMBER OF BEDS IN MEDICARE AND/OR MEDICAID CERTIFIED AREAS WITHIN A FACILITY. COBOL NAME: NUM-CERT-BEDS COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240 INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN RECOMMENDED FOR A PROVIDER.

WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485 THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL COBOL NAME: FISC-YR-END-DT 7.2 383 389 N LICENSED PRACT/VOCAT NURSES PROV0955 NUMBER OF FULL-TIME EQUIVALENT LICENSED PRACTICAL OR VOCATIONAL NURSES EMPLOYED BY A FACILITY. COBOL NAME: NUM-LPN-LVN MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-SHORT DESCRIPTION LEN START END TYPE SAS NAME 1 442 442 C PROV1670 PROGRAM PARTICIPATION INDICATES IF THE PROVIDER PARTICIPATES IN MEDICARE, MEDICAID, OR BOTH PROGRAMS. COBOL NAME: PROG-PARTCI VALUES: 2 MEDICAID ONLY REGIONAL OVERRIDE #1 (NUMBER BEDS) 1 464 464 C PROV1545 THIS FIELD IS SET TO "Y" WHEN THE REGIONAL OFFICE HAS TO OK A PENDING RECORD IN THE SPECIAL FIELDS SCREEN. THIS FIELD ONLY APPLIES TO CATEGORIES IN THE ODIE DATA ENTRY SYSTEM. COBOL NAME: OVERRIDE-1 VALUES: Y RECORD HAS BEEN APPROVED REGISTERED NURSES 7.2 467 473 N PROV1145 THE NUMBER OF FULL-TIME EOUIVALENT REGISTERED PROFESSIONAL NURSES EMPLOYED BY A PROVIDER. COBOL NAME: NUM-REG-NURS RELATED PROVIDER NUMBER 10 502 511 C PROV1755 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE. COBOL NAME: RELATED-PROV-NUM ADMISSION SUSPENSION DATE 8 611 618 C PROVO030 THE DATE THAT PAYMENTS FOR NEW ADMISSIONS IN A LONG

TERM CARE FACILITY WILL BE DENIED IF AN INTERMEDIATE

SANCTION IS TAKEN AGAINST THE FACILITY.

COBOL NAME: ADMIN-SUSP-DT

COMPLIANCE: BEDS PER ROOM WAIVER 1 653 653 C PROV0225

INDICATES IF A WAIVER OF THE BEDS PER ROOM REQUIREMENT

HAS BEEN RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-BEDS-PER-ROOM

VALUES: 1 WAIVER RECOMMENDED

COMPLIANCE: PATIENT ROOM SIZE 1 654 654 C PROV0270

INDICATES IF A WAIVER OF PATIENT ROOM SIZE HAS BEEN

RECOMMENDED FOR A FACILITY.

COBOL NAME: COMPL-PATIENT-ROOM-SZ

VALUES: 1 WAIVER RECOMMENDED

LTC CROSS REFERENCE PROVIDER # 6 762 767 C PROV0640

THIS CROSS REFERENCE NUMBER IDENTIFIES LTC PROVIDER

NUMBERS THAT WERE TERMINATED IN 1985 BECAUSE OF POLICY

CHANGES WHICH STATES THAT SNF/ICF DISTINCT PARTS OR DUA

LLY CERTIFIED PORTIONS ARE ASSIGNED SINGLE SNF PROV NO.

COBOL NAME: LTC-CROSS-REF-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PRIOR ADMISSION SUSPENSION DATE 8 1187 1194 C PROV1610

PREVIOUS DATE A SUSPENSION OF ADMISSIONS WAS INVOKED

FOR A PROVIDER.

COBOL NAME: PRIOR-ADMIN-SUSP-DT

PRIOR RESCIND SUSPENSION DATE 8 1195 1202 C PROV1640

THE EFFECTIVE DATE OF A PREVIOUS SUSPENSION OF

ADMISSIONS TO A LTC FACILITY.

COBOL NAME: PRIOR-RESC-SUSP-DT

PROVIDER BASED FACILITY 1 1203 1203 C PROV1675

INDICATES IF A LONG TERM CARE FACILITY IS PROVIDER

BASED.

COBOL NAME: PROV-BASED-FACILITY

VALUES: Y DISTINCT PART OF A HOSPITAL, SNF OR ICF

RESCIND SUSPENSION DATE 8 1225 1232 C PROV1825

DATE THAT THE SUPENSION OF PAYMENTS FOR NEW ADMISSIONS

TO A LONG TERM CARE FACILITY (LTC) IS RESCINDED.

COBOL NAME: RESC-SUSP-DT				
			1529 N	PROV0945
NUMBER OF CERTIFIED BEDS IN AN INTERMED	DIATE CA	ARE		
FACILITY FOR THE MENTALLY RETARDED.				
COBOL NAME: NUM-ICF-MR-BEDS				
DIRECT CARE PERSONNEL	7.2	1530	1536 N	PROV0780
NUMBER OF FULL-TIME EQUIVALENT DIRECT (CARE PER	RSONNEL		
EMPLOYED BY AN INTERMEDIATE CARE FACIL:	ITY FOR	THE		
MENTALLY RETARDED.				
COBOL NAME: NUM-DCARE-PERSNL				
LTC AGREEMENT BEGINNING DATE	8	1537	1544 C	PROV0620
THE BEGINNING DATE OF A CERTIFIED LONG	TERM CA	ARE FACI	LI	
TY'S TIME LIMITED AGREEMENT.				
COBOL NAME: LTC-AGREE-BEGIN-DT				
LTC AGREEMENT ENDING DATE	8	1545	1552 C	PROV0625
THE ENDING DATE OF A CERTIFIED LONG TER	RM CARE			
FACILITY'S TIME LIMITED AGREEMENT.				
COBOL NAME: LTC-AGREE-END-DT				
LTC AGREEMENT EXTENSION DATE	8	1553	1560 C	PROV0630
THE LAST DATE OF AN EXTENSION OF A CER	rified i	LONG TER	M	
CARE FACILITY'S TIME LIMITED AGREEMENT				
COBOL NAME: LTC-AGREE-EXT-DT				
PRIOR LTC END DATE	8	1561	1568 C	PROV1630
THE LAST DATE OF A CERTIFIED LONG TERM	CARE			
FACILITY'S TIME LIMITED AGREEMENT FOR A	A PRIOR	SURVEY.		
COBOL NAME: PRIOR-LTC-END-DT				
PRIOR LTC EXTENSION DATE	8	1569	1576 C	PROV1635
THE LAST DATE OF AN EXTENSION OF A CER	rified i	LONG TER	M	
CARE FACILITY'S TIME LIMITED AGREEMENT	FOR A F	PRIOR		
SURVEY.				
COBOL NAME: PRIOR-LTC-EXT-DT				

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

INTERMEDIATE CARE FACILITY-MENTALLY RETARDED, CATEGORY = "11" (SEE POSITIONS 3-

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TOTAL # OF EMPLOYEES 9.2 1577 1585 N PROV2850 THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL RECORDS.

COBOL NAME: TOT-EMPLOYEES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVID NURSING FACILITIES AND HOSPIT COBOL NAME: CATEGORY-SUBTYPE- VALUES: 01	ALS.		CILLED		С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 12	IS MOST INI	DICATIV	E OF 1		С	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE TAKEN PLACE FOR A PARTICULAR COBOL NAME: CHOW-CNT				6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT		8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS COBOL NAME: CITY	PHYSICALLY			42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCE OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN	COMPLIANCE PTABLE PLAN	WITH P	ROGRAN	4	С	PROV0220
VALUES: 1	COMPLIANCE	BASED	ON ACC	CEPTAE	BLE PC	OC .
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SU WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A B	PPLIER IS IN IN COMPLIAN NOT IN COM	N COMPL	JIANCE	44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATIN IS LOCATED. COBOL NAME: SSA-COUNTY	G COUNTY WHE	3 Ere fac		47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO COBOL NAME: CROSS-REF-PROV-NU	A PARTICULA			57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1		8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2 RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 73 C PROV2740 CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 1 74 74 C PROV0455 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE FACILITY NAME 38 75 112 C PROV0475 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME INTERMEDIARY NUMBER 5 113 117 C PROV0605 A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) 00020 BLUE CROSS (ARKANSAS) BLUE CROSS (ARRIANDAS)
BLUE CROSS (ARIZONA)
BLUE CROSS (CALIFORNIA)
BLUE CROSS (CONNECTICUT)
BLUE CROSS (DELAWARE)
BLUE CROSS (FLORIDA)
BLUE CROSS (GEORGIA)
HEALTH CARE SERVICE CORPORATION 00030 00040 00060 00070 00090 00101 00121 HCSC - MICHIGAN 00122 HCSC OF MICHIGAN BLUE CROSS (INDIANA) 00123 00130 ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY) 00131 00140 00150

BLUE CROSS (MAINE)

00160 00180

```
00190
                                BLUE CROSS (MARYLAND)
                               BLUE CROSS (MASSACHUSETTS)
              00200
              00210
                               BLUE CROSS (MICHIGAN)
                               BLUE CROSS (MINNESOTA)
              00220
              00230
                               BLUE CROSS (MISSISSIPPI)
                              BLUE CROSS (LOUISIANA)
              00231
                              BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
              00241
              00250
              00260
              00270
                               NEW HAMPSHIRE-VERMONT HEALTH SERVICE
              00280
                                 BLUE CROSS (NEW JERSEY)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                   PAGE: 3
          RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
              00290
                                BLUE CROSS (NEW MEXICO)
              00308
                               BLUE CROSS (EMPIRE)
              00310
                               BLUE CROSS (NORTH CAROLINA)
              00320
                                BLUE CROSS (NORTH DAKOTA)
              00332
                               COMMUNITY MUTUAL INSURANCE CO
              00340
                               BLUE CROSS (OKLAHOMA)
              00350
                              BLUE CROSS (OREGON)
              00351
                               BLUE CROSS (OREGON) (IDAHO CLAIMS)
                              BLUE CROSS (INDEPENDENCE)
              00362
              00363
                               BLUE CROSS (WESTERN PENNSYLVANIA)
                              BLUE CROSS (RHODE ISLAND)
              00370
              00380
                               BLUE CROSS (SOUTH CAROLINA)
              00390
                                BLUE CROSS (TENNESSEE)
                                BLUE CROSS (TEXAS)
              00400
              00410
                                BLUE CROSS (UTAH)
              00423
                                 BLUE CROSS (VIRGINIA/WEST VA)
              00430
                                 BLUE CROSS (WASHINGTON & ALASKA)
              00450
                                 BLUE CROSS (WISCONSIN)
              00452
                                 UNITED GOVERNMENT SERVICE - MI
              00460
                                 BLUE CROSS (WYOMING)
              00468
                                 BLUE CROSS (NORTH CAROLINA FOR PR)
              00511
                                 CAHABA
              00952
                                 WISCONSIN PHYSICIAN SERVICES - IL
              00953
                                 WISCONSIN PHYSICIAN SERVICES - MI
              01390
                                 AETNA (WASHINGTON)
              17120
                                 HAWAII MEDICAL SERVICE ASSOCIATION
              31142
                                 NATIONAL HERITAGE INSURANCE CO (MAINE)
              31143
                               NATIONAL HERITAGE INSURANCE CO
```

51051 51070 51100 51140 51390 52280	NATIONAL HERIT NATIONAL HERIT TRAVELERS (NEW AETNA (PETALUM AETNA (FARMING AETNA (CLEARWA AETNA (PEORIA) AETNA (FORT WA MUTUAL OF OMAN COOPERATIVA (1)	TAGE INSUI W YORK) MA) GTON) ATER) ASHINGTON HA	RANCE (ERMONT)
PARTICIPATION DATE THE DATE A FACILITY IS FIRST MEDICARE AND/OR MEDICAID SERV COBOL NAME: PARTCI-DT	APPROVED TO PRO	118 OVIDE	125	С	PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT		126	133	С	PROV1615
* INDICATES THIS FIELD HAS BEEN A 1DATE: 04/03/2000 POS RURAL HEALTH CLINICS, C	RECORD LAYOUT ATEGORY = "12"		ITIONS	3-4)	PAGE: 4
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBE COBOL NAME: PRIOR-INTER-CARRI	R.WHEN	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF SIGNED TO A CERTIFIED PROVIDE IS ISSUED A 6 POSITION NUMERI A SUPPLIER IS ISSUED A 10 POS COBOL NAME: PROV-NUM	10 ICATION NUMBER R OR SUPPLIER. C OR ALPHANUME	A PROVII	AS- DER R,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A P		149 OF RECOR		С	PROV1720
REGION CODE THE HCFA REGIONAL OFFICE HAVI STATE IN WHICH THE PROVIDER I				С	PROV1725

```
COBOL NAME: REGION
                          I BOSTON
   VALUES: 01
           02
                          II NEW YORK
            0.3
                           III PHILADELPHIA
            04
                           IV ATLANTA
            05
                           V CHICAGO
            06
                           VI DALLAS
            0.7
                            VII KANSAS CITY
            0.8
                           VIII DENVER
            09
                           IX SAN FRANCISCO
                          X SEATTLE
           10
                            1 152 152 C PROV2045
  SKELETON RECORD INDICATOR
   INDICATES RECORD IS A SKELETON RECORD. THIS MEANS
   ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE
   FOR THIS PROVIDER.
   COBOL NAME: SKELETON-IND
                            YES
   VALUES: Y
                            2 153 154 C PROV3230
  STATE ABBREVIATION
   STATE ABBREVIATION
   COBOL NAME: STATE-ABBREV
   VALUES: AK
                            ALASKA
           AL
                            ALABAMA
           AR
                          ARKANSAS
           AS
                           AMERICAN SAMOA
           ΑZ
                           ARIZONA
           CA
                           CALIFORNIA
           CN
                          CANADA
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5
        RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                               LEN START END TYPE SAS NAME
            CO
                            COLORADO
            CT
                            CONNECTICUT
            DC
                            DISTRICT OF COLUMBIA
            DE
                            DELAWARE
            FL
                           FLORIDA
            GA
                            GEORGIA
            GU
                            GUAM
           HΙ
                            HAWAII
                            IOWA
            ΙA
           ID
                            IDAHO
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IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX UT	TEXAS
VA	UTAH
VI	VIRGINIA VIRGIN ISLANDS
VT	VIRGIN ISLANDS VERMONT
WA	WASHINGTON
WA	MADITINGION

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN

WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

COPOL NAI	ME. SSA-SIAIE	
VALUES:	01	ALABAMA
	02	ALASKA
	03	ARIZONA
	0 4	ARKANSAS
	05	CALIFORNIA
	06	COLORADO
	07	CONNECTICUT
	08	DELAWARE
	09	DISTRICT OF COLUMBIA
	10	FLORIDA
	11	GEORGIA
	12	HAWAII
	13	IDAHO
	14	ILLINOIS
	15	INDIANA
	16	IOWA
	17	KANSAS
	18	KENTUCKY
	19	LOUISIANA
	20	MAINE
	21	MARYLAND
	22	MASSACHUSETTS
	23	MICHIGAN
	24	MINNESOTA
	25	MISSISSIPPI
	26	MISSOURI
	27	MONTANA
	28	NEBRASKA
	29	NEVADA
	30	NEW HAMPSHIRE
	31	NEW JERSEY
	32	NEW MEXICO
	33	NEW YORK
	34	NORTH CAROLINA
	35	NORTH DAKOTA
	36	OHIO
	37	OKLAHOMA
	38	OREGON
	39	PENNSYLVANIA

40 PUERTO RICO

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT P. PAGE: 7

DATE: 04/03/2000	POS RECORD LAYOUT PAGE: 7
	, CATEGORY = "12" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
STATES REGION CODE	3 157 159 C PROV2710
FOR SELECTED STATES, IDENT	IFIES THE PARTICULAR REGION
WITHIN THE STATE WHERE THE	FACILITY IS LOCATED
COBOL NAME: STATE-REGION-C	
STREET ADDRESS	50 160 209 C PROV2720
STREET ADDRESS OF A PROVIDE	ER THAT IS CERTIFIED TO
PROVIDE MEDICARE AND/OR ME	
COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER	10 210 219 C PROV1605
	BER OF THE PRIMARY CONTACT OR
THE OPERATOR OF A PROVIDER	•
COBOL NAME: PHONE-NUM	0.000.001.00.001.00
TERMINATION CODE # 1	2 220 221 C PROV4770
TERMINATION CODE #1, THE R	
TERMINATED FROM THE CLIA, I	MEDICARE AND/OR MEDICALD
PROGRAMS. COBOL NAME: TERM-CD-1	
VALUES: 00) CHILLE
VALUES: 00	ACTIVE VOL-MERG, CLOSE
02	VOL-MERG, CLOSE VOL-REIMBURSE
UΔ	A OT LETLIDOLOGE

06	INVOL-AGREEMNT				
07	OTH-STATUS CHG				
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED S	INCE:	01/04	1/2000	
1DATE: 04/03/2000 POS	RECORD LAYOUT				PAGE: 8
RURAL HEALTH CLINICS, C	ATEGORY = "12" (S	EE POS	ITIONS	3-4)	
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DAT			229	С	PROV4500
THE DATE THE LABORATORY'S CER					
THE EXPIRATION DATE OF THE CU	RRENT CLIA CERTIF	'ICATE.			
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1			С	PROV2880
IDENTIFIES THE PURPOSE FOR WH		TION A	ND		
TRANSMITTAL FORM WAS PREPARED	•				
COBOL NAME: TYPE-ACTION					
VALUES: 1	INITIAL				
-	RECERTIFICATION				
3	TERMINATION				
4	CHANGE OF OWNERS	HIP			
TYPE OF CONTROL	2	221	222	0	PROV2885
INDICATES THE NATURE OF THE C	2			C	PRUV2885
A PROVIDER OF SERVICES.	RGANIZATION THAT	OPERAT.	E5		
COBOL NAME: TYPE-CONTROL					
VALUES: 03	STATE GOVERNMENT	1			
VALUES: 03 04	LOCAL GOVERNMENT				
05	FEDERAL GOVERNMENT				
1A	FOR PROFIT INDIV				
IA	LOV LKOLII INDIA	TDOAL			

FOR PROFIT CORPORATION

FOR PROFIT PARTNERSHIP

NON PROFIT CORPORATION

NON PROFIT PARTNERSHIP

NON PROFIT INDIVIDUAL

VOL-RISK INVOL

INVOL-FAIL REQ

VOL-OTHER

5 233 237 C ZIP CODE PROV2905

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

1в

1C

2A

2В

2C

03

04

05

FIPS STATE CODE FIPS STATE CODE	2	238	239	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	С	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACT	ILITY BY	THE			
STATE MEDICAID AGENCY FOR EXTERNAL CONTR	ROL OR E	BILLING	;		
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

RURAL HEALTH CLINICS, CATEGORY = "12" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

OTHER PERSONNEL 7.2 414 420 N PROV1075

THE NUMBER OF FULL-TIME EQUIVALENT OTHER SALARIED

PERSONNEL EMPLOYED BY A FACILITY.

COBOL NAME: NUM-OTHER-PERSNL

PHYSICIAN ASSISTANTS 7.2 429 435 N PROV1115

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIAN ASSISTANTS

EMPLOYED BY A HOSPITAL OR RURAL HEALTH CLINIC.

COBOL NAME: NUM-PHYS-ASSIST

FEDERAL PROGRAM SUPPORT 1 1586 C PROV0480

INDICATES IF A CLINIC IS RECEIVING SUPPORT FROM A

FEDERAL PROGRAM TO PROVIDE HEALTH SERVICES IN A

MEDICALLY UNDERSERVED AREA OR IN AN AREA WITH A

SHORTAGE OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: FED-PROG-SUPPORT

VALUES: N NO

Y YES

NURSE PRACTITIONERS 7.2 1587 1593 N PROVI015

NUMBER OF FULL-TIME EQUIVALENT NURSE PRACTITIONERS IN

A RURAL HEALTH CLINIC.

COBOL NAME: NUM-NURSE-PRACT

PARENT PROVIDER NUMBER 10 1594 1603 C PROV1560

THE IDENTIFICATION NUMBER OF THE PARENT PROVIDER WHEN A

RURAL HEALTH CLINIC IS PART OF AN EXISTING MEDICARE

PROVIDER.

COBOL NAME: PARENT-PROV-NUM

PHYSICIANS 7.2 1604 1610 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED

BY A PROVIDER.

COBOL NAME: NUM-PHYS

TITLE OF FEDERAL PROGRAM 26 1611 1636 C PROV2845

THE NAME OF A FEDERAL PROGRAM WHICH PROVIDES SUPPORT TO

A RURAL HEALTH CLINIC TO PROVIDE SERVICES IN A

MEDICALLY UNDERSERVED AREA OR AN AREA WITH A SHORTAGE

OF PRIMARY CARE HEALTH MANPOWER.

COBOL NAME: TITL-FED-PROGR

VALUES: COMM HLTH PRG (330) COMMUNITY HEALTH PROGRAM (330)

INDIAN HEALTH SERV INDIAN HEALTH SERVICE

MIGRT HLTH PRG (329) MIGRANT HEALTH PROGRAM (329)

NATNL HEALTH SRV DELNATIONAL HEALTH SERVICE DELIVERY PROGRAM

RURAL OUTREACH DEMORURAL OUTREACH DEMO GRANT PROGRAM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085

A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED

NURSING FACILITIES AND HOSPITALS.

COBOL NAME: CATEGORY-SUBTYPE-IND

VALUES: 01 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075

IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE

PROVIDER OR SUPPLIER.

COBOL NAME: CATEGORY

VALUES: 13 PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWN. TAKEN PLACE FOR A PARTICULAR PROVID. COBOL NAME: CHOW-CNT	•		6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNER COBOL NAME: CHOW-DT	8 SHIP.	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICOBOL NAME: CITY	28 CALLY LOCAT	15 ED.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC					
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COL B NOT I			44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUN IS LOCATED. COBOL NAME: SSA-COUNTY	3 TY WHERE FA	45 CILITY	47	С	PROV2695
	10 TICULAR PRO	48 VIDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

1 74 74 C PROV0455 ELIGIBILITY CODE

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

1 ELIGIBLE TO PARTICIPATE 2 NOT ELIGIBLE TO PARTICIPATE VALUES: 1

38 75 112 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

00803

00820

00805

5 113 117 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM	
VALUES: 00122	HCSC - MICHIGAN
00510	BLUE SHIELD (ALABAMA)
00511	САНАВА
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)
00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)

BLUE SHIELD (EMPIRE)

BLUE SHIELD OF NEW YORK

BLUE SHIELD (NORTH DAKOTA)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

IDAIE. 04/03/2000	FOS KECOKD HAIV	OUI FAGE. 3
PHYSICAL THERAPISTS	IN INDEPENDENT PRACTICE,	CATEGORY = "13" (SEE POSITIONS 3
SHORT DESCRIPTION		LEN START END TYPE SAS NAME
00825	BLUE SHIEL	D (NORTH DAKOTA/WYOMING)
00860	BLUE SHIEL	D (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIEL	D (PENNSYLVANIA)
00870		D (RHODE ISLAND)
00880	BLUE SHIEL	D (SOUTH CAROLINA)
00900	BLUE SHIEL	D (TEXAS)
00901	TRAILBLAZE	RS HEALTH ENTERPRISES
00910		
00930	BLUE SHIEL	D (WASHINGTON)
00951		PHYSICIANS SERVICE
00973		D (PUERTO RICO)
00974		D (VIRGIN ISLANDS)
01010	•	· ·
01020		
01030	•	
01040	· · · · · · · · · · · · · · · · · · ·	
01120		
01290	•	
01360	•	
01370	,	
01380	•	
01390	•	· · · · · · · · · · · · · · · · · · ·
02050 05130		(CALIFORNIA)
05440		· · · · · · · · · · · · · · · · · · ·
05535		RTH CAROLINA)
10071		
10230		(CONNECTICUT)
10240		(MINNESOTA)
10250		(MISSISSIPPI)
10490		
10492		- VIRGINIA SPECIAL PROJECT
11260		
14330		TH INC (NEW YORK)
16360		
16510		(WEST VIRGINIA)
21200	MASSACHUSE'	TTS/MAINE
31142	NATIONAL H	ERITAGE INSURANCE CO (MAINE)
31143	NATIONAL H	ERITAGE INSURANCE CO
31145	NATIONAL H	ERITAGE INSURANCE CO (VERMONT)

PARTICIPATION DATE 8 118 125 C PROV1565

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

* INDICATES THIS FIELD HAS BEEN 1DATE: 04/03/2000 PO PHYSICAL THERAPISTS IN INDEPENDENT	OS RECORD LAY	OUT			,	PAGE: 4
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE (COBOL NAME: PRIOR-CHOW-DT	OF OWNERSHIP.	8	126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER COBOL NAME: PRIOR-INTER-CARE		5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENT: SIGNED TO A CERTIFIED PROVII IS ISSUED A 6 POSITION NUMER A SUPPLIER IS ISSUED A 10 PO	DER OR SUPPLI RIC OR ALPHAN	IBER T ER. IUMERI	HAT IS A PROVI C NUMBE	AS- DER CR,	С	PROV1680
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE	E CURRENT STA	_			С	PROV1720
VALUES: A	ACCEPTED					
P	PENDING					
W	WORK					
REGION CODE THE HCFA REGIONAL OFFICE HAVE STATE IN WHICH THE PROVIDER COBOL NAME: REGION		2 BILIT			С	PROV1725
VALUES: 01	I BOSTO	N				
02	II NEW Y	ORK				
03	III PHILA	DELPH	IA			
04	IV ATLAN	ITA				
05	V CHICA					
	VI DALLA					
<u> </u>	VII KANSA		Y			
	VIII DENVE					
09	IX SAN FF	RANCIS	CO			

10 X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA
AL ALABAMA
AR ARKANSAS

AS AMERICAN SAMOA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

AZ ARIZONA
CA CALIFORNIA
CN CANADA
CO COLORADO

CT CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE
FL FLORIDA
GA GEORGIA
GU GUAM
HI HAWAII
IA IOWA

ID IDAHO
IL ILLINOIS
IN INDIANA

KS KANSAS
KY KENTUCKY
LA LOUISIANA

MA MASSACHUSETTS

MD MARYLAND
ME MAINE
MI MICHIGAN
MN MINNESOTA

MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6
PHYSICAL THERAPISTS IN INDEPENDENT PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4

SHORT DESCRIPTION LEN START END TYPE SAS NAME

VI VIRGIN ISLANDS
VT VERMONT
WA WASHINGTON
WI WISCONSIN
WV WEST VIRGINIA
WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA

04	ARKANSAS
0.5	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
•	***************************************
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS	RECORD LAYOUT PAGE: 7
PHYSICAL THERAPISTS IN INDEPENDEN	T PRACTICE, CATEGORY = "13" (SEE POSITIONS 3-4
	,
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
38	OREGON
39	PENNSYLVANIA
4.0	

PUERTO RICO

RHODE ISLAND

SOUTH CAROLINA

40

41

42

43 44 45 46 47 48 49 50 51 52 53 56 59 64 65 66	SOUTH DAKOTA TENNESSEE TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN
STATES REGION CODE	3 157 159 C PROV2710
FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FACOBOL NAME: STATE-REGION-CD	ES THE PARTICULAR REGION
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED TO
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER.	10 210 219 C PROV1605 R OF THE PRIMARY CONTACT OR
COBOL NAME: PHONE-NUM	2 220 221 C PROMATTO
TERMINATION CODE # 1 TERMINATION CODE #1, THE REAS TERMINATED FROM THE CLIA, MED PROGRAMS.	
COBOL NAME: TERM-CD-1	
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE
02	VOL-REIMBURSE
03 04	VOL-RISK INVOL VOL-OTHER
05	INVOL-FAIL REO
06	INVOL-FAIL REQ INVOL-AGREEMNT
07	OTH-STATUS CHG

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

PHYSICAL	THERAPISTS	IN	INDEPENDENT	PRACTICE,	CATEGORY	=	"13"	(SEE	POSITIONS	3-4

				(
SHORT DESCRIPTION	LEI	N START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE	1 8	222	229	С	PROV4500
THE DATE THE LABORATORY'S CERT	IFICATE TERMIN	NATED OR			
THE EXPIRATION DATE OF THE CUR	RENT CLIA CER	rificate			
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	С	PROV2880
IDENTIFIES THE PURPOSE FOR WHI	CH THE CERTIF	ICATION	AND		
TRANSMITTAL FORM WAS PREPARED.					
COBOL NAME: TYPE-ACTION					
	INITIAL				
	RECERTIFICATION OF THE PROPERTY OF THE PROPERT	NC			
_	TERMINATION				
4	CHANGE OF OWNE	ERSHIP			
MADE OF COMMDOI	2	221	222	C	PROV2885
TYPE OF CONTROL INDICATES THE NATURE OF THE OR				C	PRUV2885
A PROVIDER OF SERVICES.	GANIZATION IN	AI OPERA	IES		
COBOL NAME: TYPE-CONTROL					
ZIP CODE	5	222	227	C	PROV2905
THE FIVE DIGIT POSTAL CODE FOR			231	C	PROV2903
COBOL NAME: ZIP-CD	. IIIE ENOVIDEN.	•			
FIPS STATE CODE	2	238	230	C	FIPSTATE
FIPS STATE CODE	۷	230	233	C	FIFSIAIE
COBOL NAME: WS-FIPS-STATE					
FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE	5	240	242	C	FIFCHII
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	C	SSAMSACD
SSA MSA CODE	9	215	210	C	Oblitioned
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	C	SSAMSASZ
SSA MSA SIZE CODE	_	240	240	C	DUAMBADA
COBOL NAME: WS-SSA-MSA-SIZE-CD	1				
MEDICARE OR MEDICAID VENDOR NUMB		5 391	405	C	PROV/0655
A NUMBER WHICH MAY BE ASSIGNED				C	11000000
STATE MEDICAID AGENCY FOR EXTE					
PURPOSES.	THE COLVETION (,., D.T.IIT	110		
COBOL NAME: MEDICAID-VEND-NUM					
CODOL MIND. MIDICITID VEND NOM					

1DATE: 04/03/2000 POS RECORD LAYO COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CA	DUT		01/0. 4" (SI	EE POS	PAGE: 1 ITIONS 3-4)
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 COMPREHENS	FOR S	SKILLED		С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST INI PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 14 COMPREHENS		IVE OF 1			PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2 P (CHO		6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY	28 LOCA		42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE	FOR (PROGRAN CORRECTI	ION		PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIAN	N COMI		44	С	PROV2715

COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY W	3	45	47	С	PROV2695
IS LOCATED.	AIIDIND DA	>1H111			
COBOL NAME: SSA-COUNTY					
CROSS REFERENCE PROVIDER NUMBER	10	48	57	С	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO A PARTICU	JLAR PRO	JIDER.			
COBOL NAME: CROSS-REF-PROV-NUM					
CURRENT FMS SURVEY DATE	8	58	65	С	PROV0500
CURRENT FMS SURVEY DATE					
COBOL NAME: FMS-SURVEY-DT-1					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME CURRENT SURVEY DATE 8 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 ELIGIBILITY CODE 1 74 74 C PROV0455 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE NOT ELIGIBLE TO PARTICIPATE FACILITY NAME 38 75 112 C PROV0475 THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: FACILITY-NAME 5 113 117 C PROV0605 INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER SERVICING A PROVIDER OR SUPPLIER. COBOL NAME: INTER-CARRIER-NUM VALUES: 00010 BLUE CROSS (ALABAMA) BLUE CROSS (ARKANSAS)
BLUE CROSS (ARIZONA)
BLUE CROSS (CALIFORNIA) 00020 00030 00040

00060 BLUE CROSS (CONNECTICUT)

```
00070
                                 BLUE CROSS (DELAWARE)
              00090
                                 BLUE CROSS (FLORIDA)
              00101
                                 BLUE CROSS (GEORGIA)
              00121
                                 HEALTH CARE SERVICE CORPORATION
              00122
                                 HCSC - MICHIGAN
              00123
                                 HCSC OF MICHIGAN
              00130
                                 BLUE CROSS (INDIANA)
              00131
                                 ADMINISTAR FEDERAL (CHICAGO)
              00140
                                 BLUE CROSS (IOWA/SOUTH DAKOTA)
              00150
                                 BLUE CROSS (KANSAS)
                                BLUE CROSS (KENTUCKY)
              00160
              00180
                               BLUE CROSS (MAINE)
              00190
                               BLUE CROSS (MARYLAND)
              00200
                              BLUE CROSS (MASSACHUSETTS)
              00210
                               BLUE CROSS (MICHIGAN)
              00220
                               BLUE CROSS (MINNESOTA)
              00230
                               BLUE CROSS (MISSISSIPPI)
                              BLUE CROSS (LOUISIANA)
              00231
              00241
                               BLUE CROSS (MISSOURI)
                               BLUE CROSS (MONTANA)
              00250
                              BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
              00260
              00270
              00280
                                BLUE CROSS (NEW JERSEY)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
                  POS RECORD LAYOUT
1DATE: 04/03/2000
                                                                   PAGE: 3
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
              00290
                                 BLUE CROSS (NEW MEXICO)
              00308
                                 BLUE CROSS (EMPIRE)
              00310
                                 BLUE CROSS (NORTH CAROLINA)
              00320
                                BLUE CROSS (NORTH DAKOTA)
              00332
                                COMMUNITY MUTUAL INSURANCE CO
              00340
                                BLUE CROSS (OKLAHOMA)
              00350
                                BLUE CROSS (OREGON)
              00351
                                BLUE CROSS (OREGON) (IDAHO CLAIMS)
              00362
                                BLUE CROSS (INDEPENDENCE)
              00363
                                 BLUE CROSS (WESTERN PENNSYLVANIA)
              00370
                                 BLUE CROSS (RHODE ISLAND)
              00380
                                 BLUE CROSS (SOUTH CAROLINA)
              00390
                                 BLUE CROSS (TENNESSEE)
              00400
                                BLUE CROSS (TEXAS)
              00410
                               BLUE CROSS (UTAH)
```

BLUE CROSS (VIRGINIA/WEST VA)

00423

00430 00450	BLUE CROSS (WASHINGTON & ALASKA) BLUE CROSS (WISCONSIN)							
00452	UNITED GOVERNMENT SERVICE - MI							
00460	BLUE CROSS (WYOMING)							
00468	BLUE CROSS (NORTH CAROLINA FOR PR)							
00511	САНАВА							
00952	WISCONSIN PHYSICIAN SERVICES - IL							
00953	WISCONSIN PHYSICIAN SERVICES - MI							
01390	AETNA (WASHINGTON)							
17120	HAWAII MEDICAL SERVICE ASSOCIATION							
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)							
31143	NATIONAL HERITAGE INSURANCE CO							
31144	NATIONAL HERITAGE INSURANCE CO							
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)							
50333	TRAVELERS (NEW YORK)							
51051	AETNA (PETALUMA)							
51070	AETNA (FARMINGTON)							
51100	AETNA (CLEARWATER)							
51140	AETNA (PEORIA)							
51390	AETNA (FORT WASHINGTON)							
52280	MUTUAL OF OMAHA							
57400	COOPERATIVA (PUERTO RICO)							
PARTICIPATION DATE	8 118 125 C PROV1565							
THE DATE A FACILITY IS FIRST	APPROVED TO PROVIDE							
MEDICARE AND/OR MEDICAID SERV	ICES.							
COBOL NAME: PARTCI-DT								
PRIOR CHANGE OF OWNERSHIP	8 126 133 C PROV1615							
THE DATE OF A PRIOR CHANGE OF	OWNERSHIP.							
COBOL NAME: PRIOR-CHOW-DT								

POS RECORD LAYOUT 1DATE: 04/03/2000 PAGE: 4

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620

A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM

PROVIDER NUMBER 10 139 148 C PROV1680

A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER,

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 1 149 149 C PROV1720 RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE VALUES: A ACCEPTED P PENDING W WORK REGION CODE 2 150 151 C PROV1725 THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION I BOSTON VALUES: 01 02 II NEW YORK 0.3 III PHILADELPHIA 04 IV ATLANTA 0.5 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND VALUES: Y YES 2 153 154 C PROV3230 STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA

CANADA

CN

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

LEN START END TYPE SAS NAME

CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
FL.	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA

VI VIRGIN ISLANDS

VT VERMONT WA WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN

WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

MINNESOTA

MISSOURI

MONTANA

NEBRASKA

MISSISSIPPI

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

24

25

26

27

28

COBOL NAME: SSA-STATE	
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
0 4	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN

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30
                                NEW HAMPSHIRE
              31
                                NEW JERSEY
              32
                                NEW MEXICO
              33
                                NEW YORK
              34
                                NORTH CAROLINA
              35
                                NORTH DAKOTA
              36
                                OHIO
             37
                                OKLAHOMA
              38
                                OREGON
              39
                               PENNSYLVANIA
              40
                                PUERTO RICO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000
                            POS RECORD LAYOUT
                                                                 PAGE: 7
COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                          LEN START END TYPE SAS NAME
              41
                                RHODE ISLAND
              42
                                SOUTH CAROLINA
              43
                                SOUTH DAKOTA
              44
                                TENNESSEE
              45
                                TEXAS
              46
                                UTAH
              47
                                VERMONT
              48
                                VIRGIN ISLANDS
              49
                                VIRGINIA
              50
                                WASHINGTON
              51
                                WEST VIRGINIA
              52
                                WISCONSIN
              53
                                WYOMING
              56
                                CANADA
              59
                                MEXICO
              64
                                AMERICAN SAMOA
              65
                                GUAM
              66
                                SAIPAN
  STATES REGION CODE
                                            3 157 159 C
                                                                PROV2710
    FOR SELECTED STATES, IDENTIFIES THE PARTICULAR REGION
    WITHIN THE STATE WHERE THE FACILITY IS LOCATED
    COBOL NAME: STATE-REGION-CD
  STREET ADDRESS
                                            50 160 209 C
                                                                PROV2720
    STREET ADDRESS OF A PROVIDER THAT IS CERTIFIED TO
    PROVIDE MEDICARE AND/OR MEDICAID SERVICES.
    COBOL NAME: STREET-ADDRESS
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NEVADA

29

TELEPHONE NUMBER 10 210 219 C PROV1605 THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM 2 220 221 C PROV4770 TERMINATION CODE # 1 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 ACTIVE 0.1 VOL-MERG, CLOSE 02 VOL-REIMBURSE 0.3 VOL-RISK INVOL 04 VOL-OTHER 05 INVOL-FAIL REO 06 INVOL-AGREEMNT 0.7 OTH-STATUS CHG * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE. COBOL NAME: EXP-DT-1 TYPE OF ACTION 1 230 230 C PROV2880 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION

TYPE OF CONTROL

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES
A PROVIDER OF SERVICES.
COBOL NAME: TYPE-CONTROL

PROPRIETARY

INITIAL

RECERTIFICATION TERMINATION

VALUES: 1

2

VALUES: 01

02 03 04	NON PROFIT CH NON PROFIT OT GOVERNMENT				
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR COBOL NAME: ZIP-CD	-	233	237	С	PROV2905
FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	С	FIPSTATE
FIPS COUNTY CODE FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY	3	240	242	С	FIPCNTY
SSA MSA CODE SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD	3	243	245	С	SSAMSACD
SSA MSA SIZE CODE SSA MSA SIZE CODE		246	246	С	SSAMSASZ
COBOL NAME: WS-SSA-MSA-SIZE-CIFISCAL YEAR ENDING DATE THE ENDING DATE (MONTH AND DAYEAR.	4	372 Ty's fisc <i>a</i>		С	PROV0485
COBOL NAME: FISC-YR-END-DT MEDICARE OR MEDICAID VENDOR NUMI A NUMBER WHICH MAY BE ASSIGNED STATE MEDICAID AGENCY FOR EXTENT PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	D TO A FACILIT ERNAL CONTROL	Y BY THE		С	PROV0655

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RELATED PROVIDER NUMBER

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS

MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH

DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD

WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

SRV: OCCUPATIONAL THERAPY

1 544 544 C PROV2270

INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE

PROVIDED.

COBOL NAME: SP-OCCUP-THERAPY VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 554 554 C PROV2370 SRV: PHYSICAL THERAPY INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 562 562 C PROV2485 SRV: SOCIAL INDICATES HOW SOCIAL SERVICES ARE PROVIDED. COBOL NAME: SP-SOCIAL VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: SPEECH PATHOLOGY 1 563 563 C PROV2505 INDICATES HOW SPEECH PATHOLOGY SERVICES ARE PROVIDED. COBOL NAME: SP-SPEECH-PATH VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR PARTICIPATION MEDICARE OPT/SP 1 1637 C PROV1570 INDICATES IF A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY ALSO PARTICIPATES IN MEDICARE AS A PROVIDER OF OUTPATIENT PHYSICAL THERAPY AND/OR SPEECH PATHOLOGY. COBOL NAME: PARTIC-OPT-SP VALUES: N NO Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT

COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4)

SHORT DESCRIPTION

LEN START END TYPE SAS NAME

SRV: OCCUPATIONAL THERAPY #2 1 1638 1638 C PROV2275 INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE COBOL NAME: SP-OCCUP-THERAPY-2 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: OCCUPATIONAL THERAPY #3 1 1639 1639 C PROV2280 INDICATES HOW OCCUPATIONAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-OCCUP-THERAPY-3 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: ORTHOTIC/PROSTHETIC 1 1640 1640 C PROV2325 INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY. COBOL NAME: SP-ORTHOTIC-PROSTHET VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: ORTHOTIC/PROSTHETIC #2 1 1641 1641 C PROV2330 INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY. COBOL NAME: SP-ORTHOTIC-PROSTHET-2 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT 3 PROVIDED BY INDEPENDENT CONTRACTOR 1 1642 1642 C PROV2335 SRV: ORTHOTIC/PROSTHETIC #3 INDICATES HOW ORTHOTIC/PROSTHETIC SERVICES ARE PROVIDED BY A COMPREHENSIVE OUTPATIENT REHABILITATION FACILITY. COBOL NAME: SP-ORTHOTIC-PROSTHET-3 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES 2 PROVIDED UNDER ARRANGEMENT

PROVIDED BY INDEPENDENT CONTRACTOR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME SRV: PHYSICAL THERAPY #2 1 1643 1643 C PROV2375 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY-2 VALUES: 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: PHYSICAL THERAPY #3 1 1644 C PROV2380 INDICATES HOW PHYSICAL THERAPY SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICAL-THERAPY-3 VALUES: 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 1645 1645 C PROV2385 SRV: PHYSICIAN INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN VALUES: 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: PHYSICIAN #2 1 1646 1646 C PROV2390 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN-2 VALUES: 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: PHYSICIAN #3 1 1647 1647 C PROV2395 INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED. COBOL NAME: SP-PHYSICIAN-3

SRV: PSYCHOLOGICAL 1 1648 1648 C PROV2420 INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED.

PROVIDED BY EMPLOYEES
PROVIDED UNDER ARRANGEMENT

PROVIDED BY INDEPENDENT CONTRACTOR

COBOL NAME: SP-PSYCHOLOGICAL

VALUES: 1

VALUES: 0 NOT PROVIDED PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: PSYCHOLOGICAL #2 1 1649 1649 C PROV2425 INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED. COBOL NAME: SP-PSYCHOLOGICAL-2 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12 COMPREHENSIVE OUTPATIENT REHAB FACILITIES, CATEGORY = "14" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 1650 1650 C PROV2430 SRV: PSYCHOLOGICAL #3 INDICATES HOW PSYCHOLOGICAL SERVICES ARE PROVIDED. COBOL NAME: SP-PSYCHOLOGICAL-3 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR SRV: RESPIRATORY CARE 1 1651 1651 C PROV2455 INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED. COBOL NAME: SP-RESP-CARE VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 1652 1652 C PROV2460 SRV: RESPIRATORY CARE #2 INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED. COBOL NAME: SP-RESP-CARE-2 VALUES: 0 NOT PROVIDED 1 PROVIDED BY EMPLOYEES PROVIDED UNDER ARRANGEMENT PROVIDED BY INDEPENDENT CONTRACTOR 1 1653 1653 C PROV2465 SRV: RESPIRATORY CARE #3

INDICATES HOW RESPIRATORY CARE SERVICES ARE PROVIDED.

	E: SP-RESP-CARE-3 0 1 2 3	NOT PROVI PROVIDED PROVIDED PROVIDED	BY EMPI UNDER A	ARRANGEM	ENT CONTRACTO)R
	#2 HOW SOCIAL SERVICES E: SP-SOCIAL-2	ARE PROVI		1654	1654 C	PROV2490
VALUES:	0 1 2 3	NOT PROVI PROVIDED PROVIDED PROVIDED	BY EMPI UNDER A	ARRANGEM	ENT CONTRACTO	PR
	#3 HOW SOCIAL SERVICES E: SP-SOCIAL-3	ARE PROVI		1655	1655 C	PROV2495
VALUES:		NOT PROVI PROVIDED		LOYEES		
* INDICATES T	HIS FIELD HAS BEEN A	ODED OR CH	IANGED S	SINCE.	01/04/2000	
1DATE: 04/03/2 COMPREHENSIVE		RECORD LA	YOUT			PAGE: 13
	000 POS OUTPATIENT REHAB FAC	RECORD LA	YOUT CATEGOI	RY = "14		PAGE: 13 SITIONS 3-4)
COMPREHENSIVE	000 POS OUTPATIENT REHAB FAC	RECORD LA CILITIES, PROVIDED	YOUT CATEGOR LEN UNDER A	RY = "14 START :	" (SEE POS	PAGE: 13 SITIONS 3-4) SAS NAME
COMPREHENSIVE SHORT DESCR SRV: SPEECH INDICATES	000 POS OUTPATIENT REHAB FAC	RECORD LA CILITIES, PROVIDED PROVIDED	YOUT CATEGOR LEN UNDER A BY INDE	RY = "14 START I ARRANGEMI EPENDENT 1656	" (SEE POS END TYPE ENT CONTRACTO	PAGE: 13 SITIONS 3-4) SAS NAME
COMPREHENSIVE SHORT DESCR SRV: SPEECH INDICATES COBOL NAM	000 POS OUTPATIENT REHAB FAC IPTION 2 3 PATHOLOGY #2 HOW SPEECH PATHOLOGY	RECORD LA CILITIES, PROVIDED PROVIDED Y SERVICES NOT PROVI PROVIDED PROVIDED	LEN UNDER A BY INDE ARE PE DED BY EMPI UNDER A	RY = "14 START : ARRANGEM: EPENDENT 1656 ROVIDED. LOYEES ARRANGEM:	" (SEE POS END TYPE ENT CONTRACTO	PAGE: 13 SITIONS 3-4) SAS NAME OR PROV2510

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4) LEN START END TYPE SAS NAME SHORT DESCRIPTION CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085 A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 AMBULATORY SURGICAL CENTER CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075 IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

VALUES: 15 AMBULATORY SURGICAL CENTERS

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2 (CHOW	5) HAS	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY	28 LOCATE	15 D.	42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE	FOR CO	ROGRAM RRECTI	ON		2110 1 0 2 2 0
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIAN B NOT IN COMP	ICE		44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHE IS LOCATED. COBOL NAME: SSA-COUNTY	3 RE FAC	45 ILITY	47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULA COBOL NAME: CROSS-REF-PROV-NUM	10 R PROV	48 IDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740

THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY,

WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

ELIGIBILITY CODE 1 74 74 C PROV0455

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1 ELIGIBLE TO PARTICIPATE

2 NOT ELIGIBLE TO PARTICIPATE

FACILITY NAME 38 75 112 C PROV0475

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

00280

OODOL IIII.		•
VALUES:	00010	BLUE CROSS (ALABAMA)
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE

BLUE CROSS (NEW JERSEY)

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3 AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00290 00308	BLUE CROSS (NEW MEXICO) BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	САНАВА
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)
00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS) BLUE SHIELD (MICHIGAN)
00710 00720	BLUE SHIELD (MICHIGAN) BLUE SHIELD (MINNESOTA)
00120	отоб эцтето (ытимероту)

```
00740
                               BLUE SHIELD (KANSAS CITY)
              00751
                               BLUE SHIELD (MONTANA)
              00770
                               BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
              00780
                               BLUE SHIELD (TRI-STATE)
              00801
                              BLUE SHIELD (BUFFALO)
              00803
                              BLUE SHIELD (EMPIRE)
              00805
                               BLUE SHIELD OF NEW YORK
              00820
                                BLUE SHIELD (NORTH DAKOTA)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                  PAGE: 4
       AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                           LEN START END TYPE SAS NAME
              00825
                              BLUE SHIELD (NORTH DAKOTA/WYOMING)
              00860
                              BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
              00865
                               BLUE SHIELD (PENNSYLVANIA)
              00870
                               BLUE SHIELD (RHODE ISLAND)
              00880
                                BLUE SHIELD (SOUTH CAROLINA)
              00900
                                BLUE SHIELD (TEXAS)
              00901
                                TRAILBLAZERS HEALTH ENTERPRISES
              00910
                                BLUE SHIELD (UTAH)
              00930
                                BLUE SHIELD (WASHINGTON)
              00951
                                WISCONSIN PHYSICIANS SERVICE
              00952
                                WISCONSIN PHYSICIAN SERVICES - IL
              00953
                                WISCONSIN PHYSICIAN SERVICES - MI
              00973
                                BLUE SHIELD (PUERTO RICO)
              00974
                                BLUE SHIELD (VIRGIN ISLANDS)
              01010
                                AETNA (PEORIA)
              01020
                                AETNA (ALASKA)
                                AETNA (ARIZONA)
              01030
              01040
                                AETNA (GEORGIA)
              01120
                                AETNA (HAWAII)
              01290
                                AETNA (NEVADA)
              01360
                                AETNA (NEW MEXICO)
              01370
                                AETNA (OKLAHOMA)
              01380
                                AETNA (OREGON)
              01390
                                AETNA (WASHINGTON)
              02050
                                OCCIDENTAL (CALIFORNIA)
              05130
                                EOICOR (IDAHO)
              05440
                                EOICOR (TENNESSEE)
              05535
                                EQICOR (NORTH CAROLINA)
             10071
                               TRAVELERS (RRB)
             10230
                               TRAVELERS (CONNECTICUT)
             10240
                               TRAVELERS (MINNESOTA)
```

10250 10490 10492 11260 14330 16360 16510 17120 21200 31142 31143 31144 31145 50333 51051 51070 51100	TRAVELERS (MISSISSIPPI) TRAVELERS (VIRGINIA) TRAVELERS - VIRGINIA SPECIAL PROJECT GENERAL AMERICAN GROUP HEALTH INC (NEW YORK) NATIONWIDE (OHIO) NATIONWIDE (WEST VIRGINIA) HAWAII MEDICAL SERVICE ASSOCIATION MASSACHUSETTS/MAINE NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (CLEARWATER)
1DATE: 04/03/2000 POS	DDED OR CHANGED SINCE: 01/04/2000 RECORD LAYOUT PAGE: 5 S, CATEGORY = "15" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)
PARTICIPATION DATE	8 118 125 C PROV1565
THE DATE A FACILITY IS FIRST	
MEDICARE AND/OR MEDICAID SERV	ICES.
COBOL NAME: PARTCI-DT	0 106 122 0 PROVICE
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF	8 126 133 C PROV1615
COBOL NAME: PRIOR-CHOW-DT	OWNERSHIP.
PRIOR INTERMEDIARY NUMBER	5 134 138 C PROV1620
A PREVIOUS INTERMEDIARY NUMBE	
COBOL NAME: PRIOR-INTER-CARRI	
PROVIDER NUMBER	10 139 148 C PROV1680
A SIX OR TEN POSITION IDENTIF	ICATION NUMBER THAT IS AS-
SIGNED TO A CERTIFIED PROVIDE	R OR SUPPLIER. A PROVIDER
IS ISSUED A 6 POSITION NUMERI	C OR ALPHANUMERIC NUMBER,
A SUPPLIER IS ISSUED A 10 POS	ITION ALPHANUMERIC NUMBER.
COBOL NAME: PROV-NUM	
RECORD TYPE	1 149 149 C PROV1720

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED P PENDING

WORK

2 150 151 C PROV1725 REGION CODE

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

I BOSTON VALUES: 01 02 II NEW YORK 0.3 III PHILADELPHIA 0.4 IV ATLANTA 0.5 V CHICAGO VI DALLAS 06 07 VII KANSAS CITY 0.8 VIII DENVER 09 IX SAN FRANCISCO X SEATTLE 10

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

Y YES

2 153 154 C PROV3230 STATE ABBREVIATION

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA ΑL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA

CA CALIFORNIA CN CANADA CO COLORADO

```
CT
                                CONNECTICUT
             DC
                                DISTRICT OF COLUMBIA
             DE
                                DELAWARE
             FL
                                FLORIDA
             GΑ
                                GEORGIA
             GU
                                GUAM
             HΙ
                                HAWAII
                                IOWA
             ΙA
             ΙD
                                IDAHO
             ΙL
                                ILLINOIS
             ΙN
                                INDIANA
             KS
                                KANSAS
             ΚY
                                KENTUCKY
             LA
                                LOUISIANA
             MA
                                MASSACHUSETTS
             MD
                               MARYLAND
             ME
                               MAINE
             MΙ
                                MICHIGAN
             MN
                               MINNESOTA
             MO
                               MISSOURI
             MP
                                SAIPAN
             MS
                                MISSISSIPPI
             МТ
                                MONTANA
             MX
                               MEXICO
             NC
                               NORTH CAROLINA
             ND
                               NORTH DAKOTA
             NE
                               NEBRASKA
                               NEW HAMPSHIRE
             NH
                               NEW JERSEY
             NJ
             NM
                               NEW MEXICO
             NV
                               NEVADA
             NY
                               NEW YORK
             ОН
                               OHIO
             OK
                               OKLAHOMA
             OR
                               OREGON
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
       AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)
                                         LEN START END TYPE SAS NAME
```

SHORT DESCRIPTION

PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA

```
SD
                                SOUTH DAKOTA
            TN
                                TENNESSEE
            TX
                                TEXAS
            UT
                                UTAH
            VA
                                VIRGINIA
            VI
                                VIRGIN ISLANDS
            VT
                                VERMONT
            WA
                                WASHINGTON
            WΙ
                                WISCONSIN
            WV
                                WEST VIRGINIA
            WY
                                WYOMING
STATE CODE (SSA)
                                            2 155 156 C
                                                                  PROV2700
 TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
 LOCATED.
 COBOL NAME: SSA-STATE
 VALUES: 01
                                ALABAMA
            02
                                ALASKA
            03
                                ARIZONA
            04
                                ARKANSAS
            05
                                CALIFORNIA
            06
                                COLORADO
            07
                                CONNECTICUT
            08
                                DELAWARE
            09
                                DISTRICT OF COLUMBIA
            10
                                FLORIDA
            11
                                GEORGIA
            12
                                HAWAII
            13
                                IDAHO
            14
                                ILLINOIS
            15
                                INDIANA
            16
                                IOWA
            17
                                KANSAS
            18
                                KENTUCKY
            19
                                LOUISIANA
            20
                                MAINE
            21
                                MARYLAND
            22
                                MASSACHUSETTS
            23
                                MICHIGAN
            24
                                MINNESOTA
            25
                                MISSISSIPPI
            26
                                MISSOURI
            27
                                MONTANA
            28
                                NEBRASKA
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^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

AMBULATORY SURGICAL CENTERS	, CATEGORY = "15" ($\frac{1}{2}$	SEE POSITI	IONS 3-4)
SHORT DESCRIPTION	LEN STAI	RT END I	TYPE SAS NAME
29	NEVADA		
30	NEW HAMPSHIRE		
31	NEW JERSEY		
32	NEW MEXICO		
33	NEW YORK		
34	NORTH CAROLINA		
35	NORTH DAKOTA		
36	OHIO		
37	OKLAHOMA		
38	OREGON		
39	PENNSYLVANIA		
40	PUERTO RICO		
41	RHODE ISLAND		
42	SOUTH CAROLINA		
43	SOUTH DAKOTA		
4 4	FENNESSEE		
45	rexas		
46	JTAH		
47	VERMONT		
48	VIRGIN ISLANDS		
49	VIRGINIA		
50	WASHINGTON		
51	WEST VIRGINIA		
· -	WISCONSIN		
53	WYOMING		
56	CANADA		
59	MEXICO		
64	AMERICAN SAMOA		
	GUAM		
66	SAIPAN		
STATES REGION CODE	3 1	57 159	C PROV2710
FOR SELECTED STATES, IDENTIFIE	S THE PARTICULAR REG	GION	
WITHIN THE STATE WHERE THE FAC	ILITY IS LOCATED		
COBOL NAME: STATE-REGION-CD			
STREET ADDRESS			C PROV2720
STREET ADDRESS OF A PROVIDER T	HAT IS CERTIFIED TO		
PROVIDE MEDICARE AND/OR MEDICA	ID SERVICES.		
COBOL NAME: STREET-ADDRESS			
TELEPHONE NUMBER			C PROV1605
THE 10 DIGIT TELEPHONE NUMBER	OF THE PRIMARY CONTA	ACT OR	
THE OPERATOR OF A PROVIDER.			

COBOL NAME: PHONE-NUM

2 220 221 C PROV4770 TERMINATION CODE # 1

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

COBOL NAME: TERM-CD-1

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00	ACTIVE				
01	VOL-MERG, CLOSE				
02	VOL-REIMBURSE				
03	VOL-RISK INVOL				
04	VOL-OTHER				
05	INVOL-FAIL REQ				
06	INVOL-AGREEMNT				
07	OTH-STATUS CHG				
TERMINATION DATE/EXPIRATION DAT	E 1 8	222	229	С	PROV4500
THE DATE THE LABORATORY'S CER	RTIFICATE TERMINAT	ED OR			
THE EXPIRATION DATE OF THE CU	RRENT CLIA CERTIF	CATE.			
COBOL NAME: EXP-DT-1					
TYPE OF ACTION	1	230	230	С	PROV2880

TYPE OF ACTION 230 230 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

> RECERTIFICATION 3 TERMINATION

CHANGE OF OWNERSHIP

2 231 232 C PROV2885 TYPE OF CONTROL

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL

VALUES: 01 PROPRIETARY 02 NON PROFIT 0.3 GOVERNMENT

5 233 237 C PROV2905 ZIP CODE

THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER.

COBOL NAME: ZIP-CD

FIPS STATE CODE FIPS STATE CODE	2	238	239	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE FIPS COUNTY CODE	3	240	242	С	FIPCNTY
COBOL NAME: WS-FIPS-CNTY SSA MSA CODE SSA MSA CODE	3	243	245	С	SSAMSACD
COBOL NAME: WS-SSA-MSA-CD SSA MSA SIZE CODE SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD	1	246	246	С	SSAMSASZ

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 10

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ACCREDITATION INDICATOR 1 263 263 C PROV0010

INDICATES THE ORGANIZATION THAT IS RESPONSIBLE FOR

THE ACCREDITATION OF THE PROVIDER.

COBOL NAME: ACCRED-STAT

VALUES: 0 NONE

1 JCAHO 2 AAAHC

COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655

A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE

STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING

PURPOSES.

COBOL NAME: MEDICAID-VEND-NUM

RELATED PROVIDER NUMBER 10 502 511 C PROV1755

THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

COBOL NAME: RELATED-PROV-NUM

1 553 553 C PROV2365 SRV: PHARMACY

INDICATES HOW PHARMACY SERVICES ARE PROVIDED.

COBOL NAME: SP-PHARMACY

PROVIDED DIRECTLY BY THE FACILITY PROVIDED THROUGH AN OUTSIDE SOURCE VALUES: 1

3 COMBINATION

SRV: OTHER 1 1454 1454 C PROV2340

INDICATES HOW OTHER (NOT SPECIFIED) SERVICES ARE

PROVIDED.

COBOL NAME: SP-OTHER

VALUES: N NOT OFFERED OFFERED Y

DATE CENTER BEGAN PROVIDING SERV 8 1658 1665 C PROV0415

THE DATE AN AMBULATORY SURGICAL CENTER (ASC) BEGAN

PROVIDING HEALTH CARE SERVICES. COBOL NAME: DT-SERVICE-BEGAN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

FREE STANDING INDICATOR (ASC) 1 1666 1666 C PROV0550

INDICATES IF THE AMBULATORY SURGICAL CENTER IS FREE STANDING. THIS INDICATOR IS USED BY SOME STANDARD

REPORTS TO GET CERTAIN PROVIDER RANGES.

COBOL NAME: FREE-STAND-IND

VALUES: Y YES FREE STANDING

1 1667 1667 C PROV0565 HOSPITAL BASED INDICATOR

HOSPITAL BASED INDICATOR

COBOL NAME: HOSP-BASED-IND

VALUES: 1 HOSPITAL BASED

2 1668 1669 N PROV1055 OPERATING ROOMS

THE NUMBER OF OPERATING ROOMS IN AN AMBULATORY SURGICAL

CENTER.

COBOL NAME: NUM-OPERATING-ROOMS

SPEC: CARDIOVASCULAR 1 1670 1670 C PROV2095

INDICATES IF CARDIOVASCULAR SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-CARDIOVASCULAR

VALUES: N NOT OFFERED

Y OFFERED

1 1671 1671 C PROV2145 SPEC: FOOT

INDICATES IF FOOT SURGERY IS OFFERED BY AN AMBULATORY

SURGICAL CENTER.

COBOL NAME: SP-FOOT

VALUES: N NOT OFFERED

Y OFFERED

SPEC: GENERAL 1 1672 1672 C PROV2150

INDICATES IF GENERAL SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-GENERAL

VALUES: N NOT OFFERED OFFERED

Y

1 1673 1673 C PROV2240 SPEC: NEUROLOGICAL

INDICATES IF NEUROLOGICAL SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-NEUROLOGICAL

VALUES: N NOT OFFERED

Y OFFERED

SPEC: OBSTETRICS/GYNECOLOGY 1 1674 C PROV2260

INDICATES IF OBSTETRICS/GYNECOLOGY SURGERY IS OFFERED

BY AN AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OBSTETR-GYNECOL

VALUES:

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

> NOT OFFERED N

OFFERED

SPEC: OPTHAMOLOGY 1 1675 1675 C PROV2290

INDICATES IF OPTHAMOLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OPTHAMOLOGY-SURG

VALUES: N NOT OFFERED

Y OFFERED

SPEC: ORAL 1 1676 C PROV2305

INDICATES IF ORAL SURGERY IS OFFERED BY AN AMBULATORY

SURGICAL CENTER.
COBOL NAME: SP-ORAL

VALUES: N NOT OFFERED

Y OFFERED

SPEC: ORTHOPEDIC 1 1677 C PROV2320

INDICATES IF ORTHOPEDIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-ORTHOPEDIC

VALUES: N NOT OFFERED Y OFFERED

SPEC: OTOLARYNGOLOGY 1 1678 1678 C PROV2345

INDICATES IF OTOLARYNGOLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-OTOLARYRGOLOGY

VALUES: N NOT OFFERED

Y OFFERED

SPEC: PLASTIC 1 1679 C PROV2400

INDICATES IF PLASTIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-PLASTIC

VALUES: N NOT OFFERED
Y OFFERED

SPEC: THORACIC 1 1680 C PROV2525

INDICATES IF THORACIC SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.
COBOL NAME: SP-THORACIC

VALUES: N NOT OFFERED Y OFFERED

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13

AMBULATORY SURGICAL CENTERS, CATEGORY = "15" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME

1 1681 1681 C PROV2530 SPEC: UROLOGY

INDICATES IF UROLOGY SURGERY IS OFFERED BY AN

AMBULATORY SURGICAL CENTER.

COBOL NAME: SP-UROLOGY

VALUES: N NOT OFFERED Y OFFERED

SRV: EKG 1 1682 1682 C PROV2135

INDICATES IF EKG SERVICES ARE PROVIDED BY AN AMBULATORY

SURGICAL CENTER.

COBOL NAME: SP-EKG

VALUES: 0

NOT PROVIDED
PROVIDED DIRECTLY BY THE FACILITY
PROVIDED THROUGH AN OUTSIDE SOURCE 1

COMBINATION

SRV: LABORATORY 1 1683 C PROV2200

INDICATES HOW LABORATORY SERVICES ARE PROVIDED.

COBOL NAME: SP-LABORATORY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY 2 PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

SRV: RADIOLOGY 1 1684 1684 C PROV2435

INDICATES HOW RADIOLOGY SERVICES ARE PROVIDED.

COBOL NAME: SP-RADIOLOGY

VALUES: 1 PROVIDED DIRECTLY BY THE FACILITY

> 2 PROVIDED THROUGH AN OUTSIDE SOURCE

3 COMBINATION

	RECORD LAYO			-, -	-,	PAGE: 1
HOSPICES, CATEGOR	Y = "16" (SE	E POS	SITIONS	3-4)		
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVID NURSING FACILITIES AND HOSPIT COBOL NAME: CATEGORY-SUBTYPE- VALUES: 01	ER CATEGORY ALS.			2	С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 16					С	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE TAKEN PLACE FOR A PARTICULAR COBOL NAME: CHOW-CNT	OF OWNERSHIP			6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS COBOL NAME: CITY	PHYSICALLY			42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCE OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN	COMPLIANCE PTABLE PLAN	WITH FOR C	PROGRAN CORRECT	M ION		
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SU WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A	PPLIER IS IN	COME	44 PLIANCE	44	С	PROV2715
VALUES: A B	NOT IN COMPLIAN		Œ			

COUNTY CODE SSA GEOGRAPHIC CODE INDICATING IS LOCATED.	COUNTY WHE			47	С	PROV2695
COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO COBOL NAME: CROSS-REF-PROV-NUM	A PARTICULA			57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1		8	58	65	С	PROV0500
* INDICATES THIS FIELD HAS BEEN AD 1DATE: 04/03/2000 POS HOSPICES, CATEGORY	RECORD LAYO	UT		. , .	,	PAGE: 2
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE WHICHEVER IS LATER. THE "OFFI THE PROVIDER. COBOL NAME: SURVEY-DT-1	SAFETY COL	E SU	RVEY,	73	С	PROV2740
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELI THE MEDICARE AND/OR MEDICAID P COBOL NAME: ELIG-CD VALUES: 1	-	ARTIC	IPATE IN	Z I		PROV0455
FACILITY NAME THE NAME OF A PROVIDER OR SUPP PARTICIPATE IN THE MEDICARE AN COBOL NAME: FACILITY-NAME		TIED	TO		С	PROV0475
INTERMEDIARY NUMBER A NUMBER ASSIGNED TO AN INTERM SERVICING A PROVIDER OR SUPPLI COBOL NAME: INTER-CARRIER-NUM				117	С	PROV0605
VALUES: 00010 00020 00030 00040	BLUE CROSS BLUE CROSS BLUE CROSS BLUE CROSS BLUE CROSS BLUE CROSS	(ARK (ARI (CAL (CON	ANSAS) ZONA) IFORNIA) NECTICU			

```
00090
                                       BLUE CROSS (FLORIDA)
                 00101
                                       BLUE CROSS (GEORGIA)
                 00121
                                       HEALTH CARE SERVICE CORPORATION
                 00122
                                      HCSC - MICHIGAN
                 00123
                                      HCSC OF MICHIGAN
                 00130
                                       BLUE CROSS (INDIANA)
                 00131
                                      ADMINISTAR FEDERAL (CHICAGO)
                 00140
                                     BLUE CROSS (IOWA/SOUTH DAKOTA)
                 00150
                                    BLUE CROSS (KANSAS)
                                    BLUE CROSS (KENTUCKY)
                 00160
                                  BLUE CROSS (KENTUCKY)
BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MINNESOTA)
BLUE CROSS (MISSISSIPPI)
BLUE CROSS (LOUISIANA)
BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
NEW HAMPSHIRE-VERMONT HEALTH SERVICE
                 00180
                 00190
                 00200
                 00210
                 00220
                 00230
                 00231
                 00241
                 00250
                 00260
                 00270
                 00280
                                    BLUE CROSS (NEW JERSEY)
 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                               PAGE: 3
                   HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)
   SHORT DESCRIPTION
                                                    LEN START END TYPE SAS NAME
                 00290
                                       BLUE CROSS (NEW MEXICO)
                 00308
                                      BLUE CROSS (EMPIRE)
                 00310
                                     BLUE CROSS (NORTH CAROLINA)
                 00320
                                    BLUE CROSS (NORTH DAKOTA)
                 00332
                                     COMMUNITY MUTUAL INSURANCE CO
                 00340
                                     BLUE CROSS (OKLAHOMA)
                 00350
                                    BLUE CROSS (OREGON)
                                    BLUE CROSS (OREGON) (IDAHO CLAIMS)
                 00351
                 00362
                                     BLUE CROSS (INDEPENDENCE)
                 00363
                                     BLUE CROSS (WESTERN PENNSYLVANIA)
                 00370
                                     BLUE CROSS (RHODE ISLAND)
                                    BLUE CROSS (SOUTH CAROLINA)
                 00380
                 00390
                                     BLUE CROSS (TENNESSEE)
                 00400
                                     BLUE CROSS (TEXAS)
                                   BLUE CROSS (UTAH)
BLUE CROSS (VIRGINIA/WEST VA)
                 00410
                 00423
                                   BLUE CROSS (WASHINGTON & ALASKA)
```

00430

51100 51140 51390 52280	BLUE CROSS (WISCONSIN) UNITED GOVERNMENT SERVICE - MI BLUE CROSS (WYOMING) BLUE CROSS (NORTH CAROLINA FOR PR) CAHABA WISCONSIN PHYSICIAN SERVICES - IL WISCONSIN PHYSICIAN SERVICES - MI AETNA (WASHINGTON) HAWAII MEDICAL SERVICE ASSOCIATION NATIONAL HERITAGE INSURANCE CO (MAINE) NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO NATIONAL HERITAGE INSURANCE CO TRAVELERS (NEW YORK) AETNA (PETALUMA) AETNA (FARMINGTON) AETNA (CLEARWATER) AETNA (FORT WASHINGTON) MUTUAL OF OMAHA COOPERATIVA (PUERTO RICO)
PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVE COBOL NAME: PARTCI-DT	8 118 125 C PROV1565 APPROVED TO PROVIDE
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	8 126 133 C PROV1615 OWNERSHIP.
1DATE: 04/03/2000 POS	DDED OR CHANGED SINCE: 01/04/2000 RECORD LAYOUT PAGE: 4 Y = "16" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER COBOL NAME: PRIOR-INTER-CARRIE	
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIF: SIGNED TO A CERTIFIED PROVIDER IS ISSUED A 6 POSITION NUMERIC	10 139 148 C PROV1680 ICATION NUMBER THAT IS AS-R OR SUPPLIER. A PROVIDER C OR ALPHANUMERIC NUMBER,

A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER.

COBOL NAME: PROV-NUM

1 149 149 C PROV1720 RECORD TYPE

THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD.

COBOL NAME: RECORD-TYPE

VALUES: A ACCEPTED P PENDING

W WORK

REGION CODE 2 150 151 C PROV1725

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE

STATE IN WHICH THE PROVIDER IS LOCATED.

COBOL NAME: REGION

I BOSTON VALUES: 01 II NEW YORK 02 0.3 III PHILADELPHIA 04 IV ATLANTA 0.5 V CHICAGO VI DALLAS 0.6 07 VII KANSAS CITY VIII DENVER 0.8 0.9 IX SAN FRANCISCO

X SEATTLE 1 152 152 C PROV2045 SKELETON RECORD INDICATOR

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

10

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA ΑZ ARIZONA CA CALIFORNIA CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO COLORADO СТ CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FLFLORIDA GEORGIA GA GU GUAM ΗI HAWAII ΙA IOWA ΙD IDAHO ΙL ILLINOIS ΙN INDIANA KS KANSAS ΚY KENTUCKY LA LOUISIANA MA MASSACHUSETTS MD MARYLAND

MD MARYLAND
ME MAINE
MI MICHIGAN
MN MINNESOTA
MO MISSOURI
MP SAIPAN
MS MISSISSIPA

MS MISSISSIPPI MT MONTANA

MX MEXICO

NC NORTH CAROLINA NORTH DAKOTA ND NE NEBRASKA NH NEW HAMPSHIRE NJ NEW JERSEY NEW MEXICO NM NV NEVADA NY NEW YORK ОН OHIO OK OKLAHOMA OREGON OR

OR
OR
OR
OR
OR
OR
OR
OR
OR
OR
PA
PENNSYLVANIA
PR
PUERTO RICO
RI
RHODE ISLAND
SC
SOUTH CAROLINA
SD
SOUTH DAKOTA
TN
TENNESSEE
TX
TEXAS

UT UTAH VA VIRGINIA

VI VIRGIN ISLANDS

VT VERMONT
WA WASHINGTON

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

WI WISCONSIN
WV WEST VIRGINIA

WY WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

COBOL NAME: SSA-STATE	
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
14	ILLINOIS
15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA

29 NEVADA

	NEW HAMPSHIRE NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA PUERTO RICO				
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED	SINCE:	01/0	4/2000	
1DATE: 04/03/2000 POS					PAGE: 7
HOSPICES, CATEGOR	xy = "16" (SEE PO	DSITIONS	3-4)		
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
41	RHODE ISLAND				
42	SOUTH CAROLINA				
4.3	SOUTH DAKOTA				
44	TENNESSEE				
45	TEXAS				
46	UTAH				
47	VERMONT				
48	VIRGIN ISLANDS				
49	VIRGINIA				
50	WASHINGTON				
51	WEST VIRGINIA				
52	WISCONSIN				
53	WYOMING				
56	CANADA				
59	MEXICO				
	AMERICAN SAMOA				
65	GUAM				
66	SAIPAN				
STATES REGION CODE FOR SELECTED STATES, IDENTIFI WITHIN THE STATE WHERE THE FA	ES THE PARTICULA	AR REGION		С	PROV2710
COBOL NAME: STATE-REGION-CD	F.0	1 ()	200	C	DD0112720
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC	THAT IS CERTIFIE		209	C	PROV2720
COBOL NAME: STREET-ADDRESS	1 0	210	210	C	DD01/160F
TELEPHONE NUMBER	10	Z1U	219	C	PROV1605

NEW HAMPSHIRE

30

THE 10 DIGIT TELEPHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF A PROVIDER.

COBOL NAME: PHONE-NUM

TERMINATION CODE # 1 2 220 221 C PROV4770

TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID

PROGRAMS.

COBOL NAME: TERM-CD-1

VALUES:	00	ACTIVE
	01	VOL-MERG, CLOSE
	02	VOL-REIMBURSE
	03	VOL-RISK INVOL
	04	VOL-OTHER
	05	INVOL-FAIL REQ
	06	INVOL-AGREEMNT
	0.7	OTH-STATUS CHG

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500

THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR

THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.

COBOL NAME: EXP-DT-1

TYPE OF ACTION 1 230 230 C PROV2880

IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND

TRANSMITTAL FORM WAS PREPARED.

COBOL NAME: TYPE-ACTION

VALUES: 1 INITIAL

2 RECERTIFICATION

3 TERMINATION

4 CHANGE OF OWNERSHIP

TYPE OF CONTROL 2 231 232 C PROV2885

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

COBOL NAME: TYPE-CONTROL

VALUES: 01 VOLUNTARY NON-PROFIT - CHURCH

02 VOLUNTARY NON-PROFIT - PRIVATE

03 04 05 06 07 08 09 10 11	VOLUNTARY N PROPRIETARY PROPRIETARY PROPRIETARY GOVERNMENT GOVERNMENT GOVERNMENT GOVERNMENT COMBINATION OTHER	Y - INE Y - PAF Y - COF Y - OTF - STAT - COUN - CITY - CITY	OIVIDUA RTNERSE RPORATI IER PE ITY ITY	AL HIP HON		
ZIP CODE THE FIVE DIGIT POSTAL CODE FO		-	233	237	С	PROV2905
COBOL NAME: ZIP-CD	R THE PROVIL					
FIPS STATE CODE FIPS STATE CODE		2	238	239	С	FIPSTATE
COBOL NAME: WS-FIPS-STATE						
FIPS COUNTY CODE FIPS COUNTY CODE		3	240	242	С	FIPCNTY
COBOL NAME: WS-FIPS-CNTY						
SSA MSA CODE		3	243	245	С	SSAMSACD
SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD						
SSA MSA SIZE CODE		1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE						
COBOL NAME: WS-SSA-MSA-SIZE-C	D					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

COMPLIANCE: LIFE SAFETY CODE 1 350 350 C PROV0240

INDICATES IF A WAIVER OF THE LIFE SAFETY CODE HAS BEEN

RECOMMENDED FOR A PROVIDER.

COBOL NAME: COMPL-LSC

VALUES: 1 WAIVER RECOMMENDED

FISCAL YEAR ENDING DATE 4 372 375 C PROV0485

THE ENDING DATE (MONTH AND DAY) OF A FACILITY'S FISCAL

YEAR.

COBOL NAME: FISC-YR-END-DT

LICENSED PRACT/VOCAT NURSES NUMBER OF FULL-TIME EQUIVALENT LIC VOCATIONAL NURSES EMPLOYED BY A FA COBOL NAME: NUM-LPN-LVN			N	PROV0955
MEDICARE OR MEDICAID VENDOR NUMBER A NUMBER WHICH MAY BE ASSIGNED TO STATE MEDICAID AGENCY FOR EXTERNAL PURPOSES. COBOL NAME: MEDICAID-VEND-NUM	A FACILITY BY 7	THE	С	PROV0655
OTHER PERSONNEL THE NUMBER OF FULL-TIME EQUIVALENT PERSONNEL EMPLOYED BY A FACILITY. COBOL NAME: NUM-OTHER-PERSNL			N	PROV1075
REGISTERED NURSES THE NUMBER OF FULL-TIME EQUIVALENT PROFESSIONAL NURSES EMPLOYED BY A COBOL NAME: NUM-REG-NURS		167 473	N	PROV1145
RELATED PROVIDER NUMBER THIS FIELD IS USED WHEN A PROVIDER, ST MORE THAN ONE DISTINCT PROVIDER, ST DISTINCT PART LONG TERM CARE. THE WILL BE THE PROVIDER NMBR OF THE E COBOL NAME: RELATED-PROV-NUM SRV: OCCUPATIONAL THERAPY	R'S FACILITY CON JCH AS A HOSPITA E NUMBER IN THIS	NTAINS AL WITH S FIELD	С	PROV1755
INDICATES HOW OCCUPATIONAL THERAPY PROVIDED. COBOL NAME: SP-OCCUP-THERAPY			С	PROV2270
	BINATION	MODULLINI		
SRV: PHYSICAL THERAPY INDICATES HOW PHYSICAL THERAPY SER COBOL NAME: SP-PHYSICAL-THERAPY VALUES: 0 NOT	1 5 RVICES ARE PROVI		С	PROV2370
1 PROV	/IDED BY STAFF /IDED UNDER ARRA	ANGEMENT		
* INDICATES THIS FIELD HAS BEEN ADDED 1DATE: 04/03/2000 POS RECO	ORD LAYOUT			PAGE: 10
SHORT DESCRIPTION	LEN STA	ART END	TYPE	SAS NAME

3 COMBINATION

	HOW SPEECH PATHOLOGE: SP-SPEECH-PATH	Y SERVICES A NOT PROVIDE PROVIDED BY PROVIDED UN COMBINATION	D STAFF			С	PROV2505
FACILITY.	THE CATEGORY WHICH TYPE-FACILITY	REPRESENTS T HOSPITAL SKILLED NUR NURSING FAC HOME HEALTH FREESTANDIN	HE TYPE SING FA SILITY AGENC	E OF ACILIT		С	PROV2890
EMPLOYED H	AIDES FULL-TIME EQUIVALEN BY A HOME HEALTH AGE E: NUM-HOME-HEALTH-A	NCY OR HOSPI	H AIDE		1420	N	PROV0910
	HOW MEDICAL SOCIAL E: SP-MEDICAL-SOCIAL		PROVI	DED		С	PROV2220
	HOW NURSING SERVICE E: SP-NURSING	S ARE PROVID PROVIDED BY COMBINATION	ED.		1452	С	PROV2250
PROVIDED.	HOW OTHER (NOT SPECE: SP-OTHER 0 1 2 3	IFIED) SERVI NOT PROVIDE PROVIDED BY PROVIDED UN COMBINATION	CES ARI	Ε		С	PROV2340

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 11

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

TOTAL # OF EMPLOYEES 9.2 1577 1585 N PROV2850

THE TOTAL NUMBER OF FULL-TIME EMPLOYEES IN A HOSPICE OR AN INTERMEDIATE CARE FACILITY/MENTAL RETARDATION FACILITY. THIS FIELD IS ALSO USED FOR OLD HOSPITAL

RECORDS.

COBOL NAME: TOT-EMPLOYEES

7.2 1604 1610 N PROV1110

THE NUMBER OF FULL-TIME EQUIVALENT PHYSICIANS EMPLOYED

BY A PROVIDER.

COBOL NAME: NUM-PHYS

1 1645 1645 C SRV: PHYSICIAN PROV2385

INDICATES HOW PHYSICIAN SERVICES ARE PROVIDED.

COBOL NAME: SP-PHYSICIAN

VALUES: 1 PROVIDED BY STAFF COMBINATION

ACUTE/RESPITE CARE INDICATOR 1 1685 1685 C PROV0015

INDICATES IF THE HOSPICE PROVIDES ACUTE AND/OR RESPITE

SHORT TERM INPATIENT CARE.

COBOL NAME: ACUTE-RESPITE

VALUES: A SHORT TERM INPATIENT ACUTE CARE PROV'D IN HSP
B SHORT TERM INPATIENT RESPITE CARE PROV IN HSP

ST INPATIENT ACUTE & RESPITE CARE PROV IN HSP

COUNSELORS - STAFF 7.2 1686 1692 N PROV1225

THE NUMBER OF FULL-TIME EQUIVALENT COUNSELORS EMPLOYED

BY A HOSPICE.

COBOL NAME: NUM-STAFF-COUNSL

7.2 1693 1699 N COUNSELORS - VOLUNTEER PROV1480

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER COUNSELORS

IN A HOSPICE.

COBOL NAME: NUM-VOL-COUNSL

HOME HEALTH AIDES - VOLUNTEER 7.2 1700 1706 N PROV1485

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER HOME

HEALTH AIDES IN A HOSPICE.

COBOL NAME: NUM-VOL-HHA

7.2 1707 1713 N PROV0915 HOMEMAKERS - STAFF

THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS EMPLOYED

BY A HOSPICE.

COBOL NAME: NUM-HOMEMAKERS

HOMEMAKERS - VOLUNTEER 7.2 1714 1720 N PROV1490

THE NUMBER OF FULL-TIME EQUIVALENT HOMEMAKERS IN A

HOSPICE.

COBOL NAME: NUM-VOL-HOMEMKR

LPNS/LVNS - VOLUNTEER 7.2 1721 1727 N PROV1495

THE NUMBER OF FULL-TIME EOUIVALENT VOLUNTEER LICENSED

PRACTICAL/VOCATIONAL NURSES IN A HOSPICE.

COBOL NAME: NUM-VOL-LPN-LVN

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 12

HOSPICES, CATEGORY = "16" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MEDICAL SOCIAL WORKERS 7.2 1728 1734 N PROV0975

NUMBER OF FULL-TIME EQUIVALENT MEDICAL SOCIAL WORKERS

EMPLOYED BY A HOSPITAL OR HOSPICE.

COBOL NAME: NUM-MED-SOCIAL-WRKS

MEDICAL SOCIAL WORKERS - VOLUNTEER 7.2 1735 1741 N PROV1510

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER MEDICAL

SOCIAL WORKERS IN A HOSPICE.

COBOL NAME: NUM-VOL-SOC-WORK

PHYSICIANS - VOLUNTEER 7.2 1742 1748 N PROV1500

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER PHYSICIANS

IN A HOSPICE.

COBOL NAME: NUM-VOL-PHYS

REGISTERED NURSES - VOLUNTEER 7.2 1749 1755 N PROV1505

THE NUMBER OF FULL-TIME EQUIVALENT VOLUNTEER REGISTERED

NURSES IN A HOSPICE.

COBOL NAME: NUM-VOL-REG-NURS

1 1756 1756 C PROV2115 SRV: COUNSELING

INDICATES HOW COUNSELING SERVICES ARE PROVIDED BY A

HOSPICE.

COBOL NAME: SP-COUNSELING

VALUES: 0 NOT PROVIDED

1 PROVIDED BY STAFF

PROVIDED UNDER ARRANGEMENT

COMBINATION

1 1757 1757 C PROV2165 SRV: HOME HEALTH AIDE

INDICATES HOW HOME HEALTH AIDE SERVICES ARE PROVIDED BY

A HOSPICE.

COBOL NAME: SP-HOME-HEALTH-AIDE

VALUES: 0 NOT PROVIDED

1 2 3	PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION	
SRV: HOMEMAKER INDICATES HOW HOMEMAKER SERVIO HOSPICE. COBOL NAME: SP-HOMEMAKER	1 1758 1758 C CES ARE PROVIDED BY A	PROV2170
VALUES: 0 1 2	NOT PROVIDED PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION	
SRV: MEDICAL SUPPLIES INDICATES HOW MEDICAL SUPPLIES A HOSPICE. COBOL NAME: SP-MEDICAL-SUPPLIE		PROV2225
	NOT PROVIDED	
1DATE: 04/03/2000 POS	DDED OR CHANGED SINCE: 01/04/2000 RECORD LAYOUT Y = "16" (SEE POSITIONS 3-4)	PAGE: 13
SHORT DESCRIPTION	LEN START END TYPE	SAS NAME
2	PROVIDED BY STAFF PROVIDED UNDER ARRANGEMENT COMBINATION	
INDICATES HOW SHORT TERM INPATE PROVIDED BY A HOSPICE. COBOL NAME: SP-SHORT-TERM-INCATOR VALUES: 0 1		PROV2480
VOLUNTEERS - OTHER THE NUMBER OF FULL-TIME EQUIVE A HOSPICE. COBOL NAME: NUM-OTHER-VOLS	7.2 1761 1767 N ALENT OTHER VOLUNTEERS IN	PROV1080
VOLUNTEERS - TOTAL THE NUMBER OF FULL-TIME VOLUNT COBOL NAME: TOT-VOLS	9.2 1768 1776 N FEERS IN A HOSPICE.	PROV2860

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND
VALUES: 01 ORGAN PROCUREMENT

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

ORGAN PROCUREMENT ORGANIZATIONS

VALUES: 17

CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIP TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	2 CHOW	-	6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY	28 LOCATE		42	С	PROV3225
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE	FOR CO	RRECTI	ON		
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS IN WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIAN B NOT IN COMP	ICE		44	С	PROV2715
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY WHE IS LOCATED. COBOL NAME: SSA-COUNTY	3 CRE FAC	45 ILITY	47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICULA COBOL NAME: CROSS-REF-PROV-NUM	10 AR PROV	48 IDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CURRENT SURVEY DATE 8 66 73 C PROV2740 THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR

THE PROVIDER.

COBOL NAME: SURVEY-DT-1

1 74 74 C PROV0455 ELIGIBILITY CODE

INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN

THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: ELIG-CD

VALUES: 1

ELIGIBLE TO PARTICIPATE
NOT ELIGIBLE TO PARTICIPATE

38 75 112 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

5 113 117 C PROV0605 INTERMEDIARY NUMBER

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

VALUES:	00010	BLUE CROSS (ALABAMA)
	00020	BLUE CROSS (ARKANSAS)
	00030	BLUE CROSS (ARIZONA)
	00040	BLUE CROSS (CALIFORNIA)
	00060	BLUE CROSS (CONNECTICUT)
	00070	BLUE CROSS (DELAWARE)
	00090	BLUE CROSS (FLORIDA)
	00101	BLUE CROSS (GEORGIA)
	00121	HEALTH CARE SERVICE CORPORATION
	00122	HCSC - MICHIGAN
	00123	HCSC OF MICHIGAN
	00130	BLUE CROSS (INDIANA)
	00131	ADMINISTAR FEDERAL (CHICAGO)
	00140	BLUE CROSS (IOWA/SOUTH DAKOTA)
	00150	BLUE CROSS (KANSAS)
	00160	BLUE CROSS (KENTUCKY)
	00180	BLUE CROSS (MAINE)
	00190	BLUE CROSS (MARYLAND)
	00200	BLUE CROSS (MASSACHUSETTS)
	00210	BLUE CROSS (MICHIGAN)
	00220	BLUE CROSS (MINNESOTA)
	00230	BLUE CROSS (MISSISSIPPI)
	00231	BLUE CROSS (LOUISIANA)
	00241	BLUE CROSS (MISSOURI)
	00250	BLUE CROSS (MONTANA)
	00260	BLUE CROSS (NEBRASKA)
	00270	NEW HAMPSHIRE-VERMONT HEALTH SERVICE
	00280	BLUE CROSS (NEW JERSEY)

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

	POS RECORD LAYOUT PAGE: 3
ORGAN PROCUREMENT	ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00290	BLUE CROSS (NEW MEXICO)
00308	BLUE CROSS (EMPIRE)
00310	BLUE CROSS (NORTH CAROLINA)
00320	BLUE CROSS (NORTH DAKOTA)
00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00511	CAHABA
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
01390	AETNA (WASHINGTON)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO
31144	NATIONAL HERITAGE INSURANCE CO
31145	NATIONAL HERITAGE INSURANCE CO (VERMONT)
50333	TRAVELERS (NEW YORK)
51051	AETNA (PETALUMA)
51070	AETNA (FARMINGTON)
51100	AETNA (CLEARWATER)
51140	AETNA (PEORIA)
51390	AETNA (FORT WASHINGTON)
52280	MUTUAL OF OMAHA
57400	COOPERATIVA (PUERTO RICO)
PARTICIPATION DATE	8 118 125 C PROV1565
	V TO BEDOM ADDROVED TO DROVED

THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE

MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP 8 126 133 C PROV1615

THE DATE OF A PRIOR CHANGE OF OWNERSHIP.

COBOL NAME: PRIOR-CHOW-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 4 ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME PRIOR INTERMEDIARY NUMBER 5 134 138 C PROV1620 A PREVIOUS INTERMEDIARY NUMBER.WHEN COBOL NAME: PRIOR-INTER-CARRIER-NUM 10 139 148 C PROVIDER NUMBER PROV1680 A SIX OR TEN POSITION IDENTIFICATION NUMBER THAT IS AS-SIGNED TO A CERTIFIED PROVIDER OR SUPPLIER. A PROVIDER IS ISSUED A 6 POSITION NUMERIC OR ALPHANUMERIC NUMBER, A SUPPLIER IS ISSUED A 10 POSITION ALPHANUMERIC NUMBER. COBOL NAME: PROV-NUM 1 149 149 C PROV1720 RECORD TYPE THIS INDICATOR SPECIFIES THE CURRENT STATUS OF RECORD. COBOL NAME: RECORD-TYPE ACCEPTED VALUES: A P PENDING W WORK 2 150 151 C PROV1725 REGION CODE THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION I BOSTON VALUES: 01 02 II NEW YORK 03 III PHILADELPHIA 04 IV ATLANTA V CHICAGO 05 0.6 VI DALLAS 07 VII KANSAS CITY 0.8 VIII DENVER 09 IX SAN FRANCISCO X SEATTLE

SKELETON RECORD INDICATOR 1 152 152 C PROV2045

INDICATES RECORD IS A SKELETON RECORD. THIS MEANS

ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE

FOR THIS PROVIDER.

COBOL NAME: SKELETON-IND

VALUES: Y YES

STATE ABBREVIATION 2 153 154 C PROV3230

STATE ABBREVIATION

COBOL NAME: STATE-ABBREV

VALUES: AK ALASKA AL ALABAMA

AR ARKANSAS

AS AMERICAN SAMOA

AZ ARIZONA
CA CALIFORNIA
CN CANADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CO COLORADO CONNECTICUT

DC DISTRICT OF COLUMBIA

DE DELAWARE FL FLORIDA GA GEORGIA GUAM

HI HAWAII
IA IOWA
ID IDAHO
IL ILLINOIS

IN INDIANA
KS KANSAS
KY KENTUCKY

LA LOUISIANA
MA MASSACHUSETTS

MA MASSACHUSETT
MD MARYLAND
ME MAINE
MI MICHIGAN
MN MINNESOTA
MO MISSOURI

MP SAIPAN

MS MISSISSIPPI

N/T	MONTENA
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS	RECORD LAYOUT PAGE: 6
	ONS, CATEGORY = "17" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
N 1	WIGHING
STATE CODE (SSA)	2 155 156 C PROV2700
TWO DIGIT CODE INDICATING STA	
LOCATED.	TIE WHERE FACILITY IS
COBOL NAME: SSA-STATE	2.1.2.1.2.1.2
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
04	ARKANSAS
0.5	CALIFORNIA

COLORADO

06

07	CONNECTICUT				
0.8	DELAWARE				
0.9	DISTRICT OF COLUMBIA				
10	FLORIDA				
11	GEORGIA				
12	HAWAII				
13	IDAHO				
14	ILLINOIS				
15	INDIANA				
16	IOWA				
17	KANSAS				
18	KENTUCKY				
19	LOUISIANA				
20	MAINE				
21	MARYLAND				
22	MASSACHUSETTS				
23	MICHIGAN				
24	MINNESOTA				
25	MISSISSIPPI				
26	MISSOURI				
27	MONTANA				
28	NEBRASKA				
29	NEVADA				
30	NEW HAMPSHIRE				
31	NEW JERSEY				
32	NEW MEXICO				
33	NEW YORK				
34	NORTH CAROLINA				
35	NORTH DAKOTA				
36	OHIO				
37	OKLAHOMA				
38	OREGON				
39	PENNSYLVANIA				
40	PUERTO RICO				
	ADDED OR CHANGED SINCE: 01/04/2000				
	S RECORD LAYOUT PAGE: 7				
ORGAN PROCUREMENT ORGANIZATI	CONS, CATEGORY = "17" (SEE POSITIONS 3-4)				
SHORT DESCRIPTION	LEN START END TYPE SAS NAME				
41	RHODE ISLAND				
42	SOUTH CAROLINA				
43	SOUTH DAKOTA				
44	TENNESSEE				
4.5	THE CONTRACT OF THE CONTRACT O				

TEXAS

45

46 47 48 49 50 51 52 53 56 59 64 65 66	UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATES REGION CODE FOR SELECTED STATES, IDENTIF WITHIN THE STATE WHERE THE F COBOL NAME: STATE-REGION-CD	IES THE PARTICULAR	REGION		С	PROV2710
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDI COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED		209	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBE THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10 R OF THE PRIMARY C			С	PROV1605
TERMINATION CODE # 1 TERMINATION CODE #1, THE REA TERMINATED FROM THE CLIA, ME PROGRAMS. COBOL NAME: TERM-CD-1 VALUES: 00 01		BEEN	221	С	PROV4770
02 03 04 05 06	VOL-REIMBURSE VOL-RISK INVOL VOL-OTHER INVOL-FAIL REQ INVOL-AGREEMNT OTH-STATUS CHG				

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8

ORGAN PROCUREMENT ORGANIZATIONS, CATEGORY = "17" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TERMINATION DATE/EXPIRATION DATE 1 THE DATE THE LABORATORY'S CERTIFICATE TE THE EXPIRATION DATE OF THE CURRENT CLIA	RMINA'	TED OR	229	С	PROV4500
COBOL NAME: EXP-DT-1 TYPE OF ACTION	1	230	230	С	PROV2880
IDENTIFIES THE PURPOSE FOR WHICH THE CER TRANSMITTAL FORM WAS PREPARED. COBOL NAME: TYPE-ACTION VALUES: 1 INITIAL 3 TERMINATION		ATION AN	1D		
TYPE OF CONTROL	2	231	232	С	PROV2885
INDICATES THE NATURE OF THE ORGANIZATION A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	THAT				
ZIP CODE	5	233	237	С	PROV2905
THE FIVE DIGIT POSTAL CODE FOR THE PROVI	DER.				
COBOL NAME: ZIP-CD					
FIPS STATE CODE	2	238	239	С	FIPSTATE
FIPS STATE CODE					
COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE	3	240	242	C	FIPCNTY
FIPS COUNTY CODE	3	240	242	C	FIFCNII
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACI					
STATE MEDICAID AGENCY FOR EXTERNAL CONTR	OL OR	BILLING	3		
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					

* INDICATES THIS FIELD HAS BEEN AND 1DATE: 04/03/2000 POS COMMUNITY MENTAL HEALTH CENTRAL	RECORD LAYO	JT				PAGE: 1
SHORT DESCRIPTION	:	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDE NURSING FACILITIES AND HOSPITE COBOL NAME: CATEGORY-SUBTYPE-	ALS.				С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY	IS MOST IND	ICAT:	IVE OF	ГНЕ		PROV0075
VALUES: 19	COMMUNITY M	ENTA	L HEALTI	H CEN	TERS	
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE (TAKEN PLACE FOR A PARTICULAR) COBOL NAME: CHOW-CNT	OF OWNERSHIP	2 (CH		6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF COBOL NAME: CHOW-DT	OWNERSHIP.	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS	PHYSICALLY :		15 TED.	42	С	PROV3225
COBOL NAME: CITY						
COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN REQUIREMENTS BASED ON AN ACCEST OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLANVALUES: 1	COMPLIANCE N	FOR (PROGRAI CORRECT	M ION		PROV0220
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUI WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL	PPLIER IS IN	1 COM		44	С	PROV2715
VALUES: A	IN COMPLIANO		~=			

NOT IN COMPLIANCE

В

COUNTY CODE SSA GEOGRAPHIC CODE INDICATING	G COUNTY WE			47	С	PROV2695
IS LOCATED.						
COBOL NAME: SSA-COUNTY						
CROSS REFERENCE PROVIDER NUMBER		10	48	57	С	PROV0300
NUMBER PREVIOUSLY ASSIGNED TO	A PARTICUI	LAR PROV	IDER.			
COBOL NAME: CROSS-REF-PROV-NUM						
CURRENT FMS SURVEY DATE		8	58	65	С	PROV0500
CURRENT FMS SURVEY DATE						
COBOL NAME: FMS-SURVEY-DT-1		0		7.0	~	DD 0110740
CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE	E CAREENY CO			13	C	PROV2740
WHICHEVER IS LATER. THE "OFFI						
THE PROVIDER.	ICIAL DON	VEI DAIE	FOR			
COBOL NAME: SURVEY-DT-1						
* INDICATES THIS FIELD HAS BEEN A	DDED OR CHA	ANGED SI	NCE:	01/04	4/2000	
1DATE: 04/03/2000 POS	RECORD LAY	YOUT				PAGE: 2
COMMUNITY MENTAL HEALTH CENTE	ERS, CATEGO	DRY = "1	9" (SE	E PO	SITION	S 3-4)
SHORT DESCRIPTION		LEN S	TART	END	TYPE	SAS NAME
		1	7.4	7.4	~	DD 0110 4 F F
ELIGIBILITY CODE INDICATES IF A FACILITY IS ELI	TCIDIE MO I				C	PROV0455
THE MEDICARE AND/OR MEDICAID I	-	PARTICIP	AIL IN			
COBOL NAME: ELIG-CD	E ROGRAMS.					
	ELIGIBLE T	ro parti	СТРАТЕ	!		
2	NOT ELIGIE					
FACILITY NAME		38	75	112	С	PROV0475
THE NAME OF A PROVIDER OR SUPP	PLIER CERTI	IFIED TO)			
PARTICIPATE IN THE MEDICARE AN	ND/OR MEDIC	CAID PRO	GRAMS.			
COBOL NAME: FACILITY-NAME						
INTERMEDIARY NUMBER		5	113	117	С	PROV0605
A NUMBER ASSIGNED TO AN INTERN		CARRIER				
SERVICING A PROVIDER OR SUPPLE	IER.					
COBOL NAME: INTER-CARRIER-NUM						
	BLUE CROSS		-			
00020	BLUE CROSS	S (ARKAN	SAS)			
00030	BLUE CROSS	S (ARIZO	NA)			
00040	BLUE CROSS	G (CALIF	'ORNIA)			
00060	BLUE CROSS	S (CONNE	CTICUT	')		
00070	BLUE CROSS	S (DELAW	ARE)			
	BLUE CROSS					
00101	BLUE CROSS	GEORG	IA)			
	HEALTH CAP			PORA!	TION	
00122	HCSC - MIC	CHIGAN				

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00123
                                 HCSC OF MICHIGAN
              00130
                                 BLUE CROSS (INDIANA)
              00131
                                 ADMINISTAR FEDERAL (CHICAGO)
              00140
                                 BLUE CROSS (IOWA/SOUTH DAKOTA)
              00150
                                BLUE CROSS (KANSAS)
              00160
                                 BLUE CROSS (KENTUCKY)
              00180
                                BLUE CROSS (MAINE)
              00190
                                BLUE CROSS (MARYLAND)
              00200
                               BLUE CROSS (MASSACHUSETTS)
                              BLUE CROSS (MICHIGAN)
              00210
              00220
                                BLUE CROSS (MINNESOTA)
              00230
                               BLUE CROSS (MISSISSIPPI)
              00231
                               BLUE CROSS (LOUISIANA)
                               BLUE CROSS (MISSOURI)
              00241
              00250
                                BLUE CROSS (MONTANA)
              00260
                                BLUE CROSS (NEBRASKA)
              00270
                                 NEW HAMPSHIRE-VERMONT HEALTH SERVICE
                              BLUE CROSS (NEW JERSEY)
              00280
              00290
                               BLUE CROSS (NEW MEXICO)
                              BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
              00308
              00310
              00320
              00332
                               COMMUNITY MUTUAL INSURANCE CO
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
                            POS RECORD LAYOUT
1DATE: 04/03/2000
     COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
              00340
                                 BLUE CROSS (OKLAHOMA)
              00350
                                 BLUE CROSS (OREGON)
              00351
                               BLUE CROSS (OREGON) (IDAHO CLAIMS)
              00362
                               BLUE CROSS (INDEPENDENCE)
                               BLUE CROSS (WESTERN PENNSYLVANIA)
              00363
              00370
                                BLUE CROSS (RHODE ISLAND)
              00380
                                BLUE CROSS (SOUTH CAROLINA)
              00390
                                 BLUE CROSS (TENNESSEE)
              00400
                                 BLUE CROSS (TEXAS)
              00410
                                 BLUE CROSS (UTAH)
              00423
                                 BLUE CROSS (VIRGINIA/WEST VA)
              00430
                                 BLUE CROSS (WASHINGTON & ALASKA)
              00450
                                 BLUE CROSS (WISCONSIN)
              00452
                                 UNITED GOVERNMENT SERVICE - MI
              00460
                                 BLUE CROSS (WYOMING)
              00468
                               BLUE CROSS (NORTH CAROLINA FOR PR)
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	CAHABA WISCONSIN PHYS WISCONSIN PHYS AETNA (WASHING HAWAII MEDICAL NATIONAL HERIT. NATIONAL HERIT. NATIONAL HERIT. TRAVELERS (NEW AETNA (PETALUM. AETNA (FARMING AETNA (CLEARWA. AETNA (FORT WA. MUTUAL OF OMAH. COOPERATIVA (P.	ICIAN SEITON) SERVICE AGE INSUI AGE INSUI AGE INSUI YORK) A) TON) TER) SHINGTON	RVICES ASSOCI. RANCE C RANCE C RANCE C RANCE C	- MI ATION O (MAINE) O
PARTICIPATION DATE THE DATE A FACILITY IS FIRST A MEDICARE AND/OR MEDICAID SERVI COBOL NAME: PARTCI-DT	APPROVED TO PRO		125	C PROV1565
PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE OF COBOL NAME: PRIOR-CHOW-DT	-	126	133	C PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMBER COBOL NAME: PRIOR-INTER-CARRIE	R.WHEN	134	138	C PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTIFICATION SIGNED TO A CERTIFIED PROVIDER IS ISSUED A 6 POSITION NUMERICATION A SUPPLIER IS ISSUED A 10 POSITION NAME: PROV-NUM * INDICATES THIS FIELD HAS BEEN AND A SIMPLE AND A SIMP	CATION NUMBER R OR SUPPLIER. C OR ALPHANUMER TION ALPHANUME	THAT IS A A PROVII IC NUMBER RIC NUMBER	AS- DER R, ER.	C PROV1680
	RECORD LAYOUT			PAGE: 4
SHORT DESCRIPTION	LEN	START	END T	YPE SAS NAME
RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE VALUES: A P W				C PROV1720

THE HCFA REGIONAL OFFICE HAVING RESPONSIBILITY FOR THE STATE IN WHICH THE PROVIDER IS LOCATED. COBOL NAME: REGION VALUES: 01	STATE IN WHICH THE PROVIDER IS LOCATE COBOL NAME: REGION VALUES: 01 I I I I I I I I I I I I I I I I I I	TED. BOSTON NEW YO PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DRK DELPHIA TA GO S CITY R ANCISCO LE	152		С	DD01/2045
COBOL NAME: REGION VALUES: 01	COBOL NAME: REGION VALUES: 01 I I I I I I I I I I I I I I I I I I	BOSTON NEW YO PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DRK DELPHIA CA GO S CITY A ANCISCO LE	152	152	С	DD01/2045
VALUES: 01	VALUES: 01 I I I I O O O O O O O O O O O O O O O	NEW YO PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DRK DELPHIA CA GO S CITY A ANCISCO LE	152	152	С	DD01/2045
02	02 III N 03 IIII N 04 IV N 05 V C 06 VI I 07 VII N 08 VIII I 09 IX SN 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER I FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKN AL ALABAN AR ARKANS AS AMERICA AL ALABAN AR ARKANS AS AMERICA CO CANADR CO COLORA CO COLORA CO COLORA CO COLORA CO DISTRI DC DELAWA	NEW YO PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DRK DELPHIA CA GO S CITY A ANCISCO LE	152	152	С	PD01/2045
02	02 III N 03 IIII N 04 IV N 05 V C 06 VI I 07 VII N 08 VIII I 09 IX SN 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER I FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKN AL ALABAN AR ARKANS AS AMERICA AL ALABAN AR ARKANS AS AMERICA CO CANADR CO COLORA CO COLORA CO COLORA CO COLORA CO DISTRI DC DELAWA	NEW YO PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DRK DELPHIA CA GO S CITY A ANCISCO LE	152	152	С	PD01/2045
03 III PHILADELPHIA 04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AR ARKANSAS AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFFORNIA CN CANADA CCO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FI FLORIDA GA GEORGIA GGU GUAM HI HAWALI	03 III E 04 IV E 05 V C 06 VI E 07 VII E 08 VIII E 09 IX SE 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER E FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKE AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CO COLORE CO COLORE CO DISTRI DE DELAWE	PHILAD ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	DELPHIA FA GO G G G G G G G G G G G G G G G G G G	152	152	С	PD01/2045
04 IV ATLANTA 05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION 2 153 154 C PROV3230 STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALASAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GGU GUMM HI HAWAII	04 IV A 05 V C 06 VI I 07 VII E 08 VIII I 09 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER I FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNEC DC DISTRI DE DELAWA	ATLANT CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	TA GO	152	152	С	PD01/2045
05 V CHICAGO 06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	05 V C 06 VI I 07 VII I 08 VIII I 09 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER I FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNEC DC DISTRI DE DELAWA	CHICAG DALLAS KANSAS DENVER AN FRA SEATTL	GO CONTY ANCISCO LE 1	152	152	С	PD01/2045
06 VI DALLAS 07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION 2 153 154 C PROV3230 STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	06 VI II 07 VIII II 08 VIII II 09 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER IF FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNECT DC DISTRIB	DALLAS KANSAS DENVER AN FRA SEATTL	S CITY R ANCISCO LE	152	152	С	PROVIDE A S
07 VII KANSAS CITY 08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	07 VII F 08 VIII F 09 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER F FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNECT DC DISTRIB	KANSAS DENVER AN FRA SEATTL	CITY ANCISCO LE	152	152	С	PROMOCAS.
08 VIII DENVER 09 IX SAN FRANCISCO 10 X SEATTLE SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	08 VIII 1 09 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER INTERPROVIDER IN	DENVER AN FRA SEATTL	ANCISCO LE	152	152	С	DD01/2045
SKELETON RECORD INDICATOR SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AL AR AR ARKANSAS AS AMERICAN SAMOA AZ AZ ARIZONA CA CALIFORNIA CN CON COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FL FLORIDA GA GG GU GUAM HI HAWAII	O9 IX SA 10 X S SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER INTERPROVIDER INTERPROVIDE	AN FRA SEATTL	ANCISCO LE 1	152	152	С	DD01/20 45
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AL ALABAMA AR AR AR ARKANSAS AS AS AMERICAN SAMOA AZ AZ ARIZONA CA CALIFORNIA CO COLORADO CT CONNECTICUT DC DC DISTRICT OF COLUMBIA DE DE DELAWARE FL GA GG GGORGIA GU GUAM HI HAWAII	SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER INTERPORT OF THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNECT DC DISTRIB	SEATTL	JE 1	152	152	С	DD01/2045
SKELETON RECORD INDICATOR 1 152 152 C PROV2045 INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION 2 153 154 C PROV3230 STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALASKA AL ALASKA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER INTORTHIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CO COLORA CO COLORA CT CONNECT DC DISTRIB	RD. T	1		152	С	DD0110045
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AL ALABAMA AR AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CA CALIFORNIA CN CONCANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER IN FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNECT DC DISTRIB		_		152	С	DD 01100 4 F
INDICATES RECORD IS A SKELETON RECORD. THIS MEANS ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AL ALABAMA AR AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CA CALIFORNIA CN CONCANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	INDICATES RECORD IS A SKELETON RECORD ONLY A LIMITED SET OF THE PROVIDER IN FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERICA AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNECT DC DISTRIB		_		152	C	
ONLY A LIMITED SET OF THE PROVIDER DATA IS AVAILABLE FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL ALABAMA AR AR ARANSAS AS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE BELAWARE FL FL FLORIDA GA GGORGIA GU GUAM HI HAWAII	ONLY A LIMITED SET OF THE PROVIDER IN FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AR AR AR AR AR AR AR CA CA CA		THIS ME	ANS			PROVZU45
FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO COTOLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	FOR THIS PROVIDER. COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AR AR AR ARKANS AS AMERIC AZ CA CALIFO CN CON COLORA CT DC DE DELAWA	DA'I'A I					
COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	COBOL NAME: SKELETON-IND STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AR AR AR ARKANS AS AMERIC AZ CA CALIFO CN CON COLORA CT DC DE DELAWA		S AVAI	LABLE			
STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL AL AR AR ARKANSAS AS AMERICAN SAMOA AZ CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DC DISTRICT OF COLUMBIA DE DELAWARE FL GA GGA GEORGIA GU GUAM HI HAWAII	STATE ABBREVIATION STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNECT DC DISTRI						
STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	STATE ABBREVIATION COBOL NAME: STATE-ABBREV VALUES: AK AL ALABAN AR AR ARKANS AS AMERIC AZ CA CALIFO CN CANADA CO COLORA CT DC DE DELAWA			4 = 0		_	
COBOL NAME: STATE-ABBREV VALUES: AK ALASKA AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	COBOL NAME: STATE-ABBREV VALUES: AK AL ALABAN AR ARKANS AS AMERIC AZ CA CALIFO CN CANADA CO COLORA CT DC DE DELAWA		2	153	154	C	PROV3230
VALUES: AK AL AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ CA CALIFORNIA CN CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL GA GG GU GUAM HI HAWAII	VALUES: AK ALASKA AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNECT DC DE DELAWA						
AL ALABAMA AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	AL ALABAN AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA						
AR ARKANSAS AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	AR ARKANS AS AMERIC AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA						
AS AMERICAN SAMOA AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	AS AMERICA AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA	MA					
AZ ARIZONA CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	AZ ARIZON CA CALIFO CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA	SAS					
CA CALIFORNIA CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	CA CALIFO CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA	CAN SA	AOMA				
CN CANADA CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	CN CANADA CO COLORA CT CONNEC DC DISTRI DE DELAWA	NA					
CO COLORADO CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	CO COLORA CT CONNEC DC DISTRI DE DELAWA	ORNIA					
CT CONNECTICUT DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	CT CONNECT DC DISTRI	A					
DC DISTRICT OF COLUMBIA DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	DC DISTRI DE DELAW	7 DO					
DE DELAWARE FL FLORIDA GA GEORGIA GU GUAM HI HAWAII	DE DELAWA	ADO	1				
FL FLORIDA GA GEORGIA GU GUAM HI HAWAII			COLIIM	BIA			
GA GEORGIA GU GUAM HI HAWAII	FL FLORII	CTICUT	ООДОП				
GU GUAM HI HAWAII		CTICUT	COLOII				
HI HAWAII	GA GEORG!	CTICUT ICT OF ARE	001011				
	GU GUAM	CTICUT ICT OF ARE DA					
	HI HAWAI	CTICUT ICT OF ARE DA	COLOII				
IA IOWA	IA IOWA	CTICUT ICT OF ARE DA IA	COLOII				
ID IDAHO		CTICUT ICT OF ARE DA IA	COLOII				
IL ILLINOIS		CTICUT ICT OF ARE DA IA	COLOII				
		CTICUT ICT OF ARE DA IA	001011				

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT	DESCRIPT	וא∩די

LEN START END TYPE SAS NAME

IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA
NY	NEW YORK
ОН	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING

STATE CODE (SSA) 2 155 156 C PROV2700

TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS

LOCATED.

COBOL NAME: SSA-STATE

VALUES: 01 ALABAMA
02 ALASKA
03 ARIZONA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 6

COMMUNITY MENTAL HEALTH CENTERS, CATEGORY = "19" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

RIPTION	LEN START END TYPE SAS NAM	45
04	ARKANSAS	
05	CALIFORNIA	
06	COLORADO	
07	CONNECTICUT	
08	DELAWARE	
09	DISTRICT OF COLUMBIA	
10	FLORIDA	
11	GEORGIA	
12	HAWAII	
13	IDAHO	
14	ILLINOIS	
15	INDIANA	
16	IOWA	
17	KANSAS	
18	KENTUCKY	
19	LOUISIANA	
20	MAINE	
21	MARYLAND	
22	MASSACHUSETTS	
23	MICHIGAN	
24	MINNESOTA	
25	MISSISSIPPI	
26	MISSOURI	
27	MONTANA	
28	NEBRASKA	
29	NEVADA	
30	NEW HAMPSHIRE	
31	NEW JERSEY	
32	NEW MEXICO	
33	NEW YORK	
34	NORTH CAROLINA	
35	NORTH DAKOTA	
36	OHIO	
37	OKLAHOMA	
38	OREGON	
39	PENNSYLVANIA	

40	DIJEDEO DICO
40	PUERTO RICO
41	RHODE ISLAND
	SOUTH CAROLINA
43	SOUTH DAKOTA
44	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA
1DATE: 04/03/2000 POS	ADDED OR CHANGED SINCE: 01/04/2000 S RECORD LAYOUT PAGE: 7 TERS, CATEGORY = "19" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
52	WISCONSIN
53	WYOMING
56	CANADA
59	MEXICO
64	AMERICAN SAMOA
65	GUAM
66	SAIPAN
00	SALFAN
STATES REGION CODE FOR SELECTED STATES, IDENTIF: WITHIN THE STATE WHERE THE FA COBOL NAME: STATE-REGION-CD	
STREET ADDRESS	50 160 209 C PROV2720
STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER.	10 210 219 C PROV1605 R OF THE PRIMARY CONTACT OR
COBOL NAME: PHONE-NUM	
TERMINATION CODE # 1	2 220 221 C PROV4770
TERMINATION CODE #1, THE REAS	
TERMINATED FROM THE CLIA, MEI	
PROGRAMS.	STORKE AND/OK PEDICAID
COBOL NAME: TERM-CD-1	
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE

02	VOL-REIM	BURSE				
03	VOL-RISK	INVOL				
04	VOL-OTHE	R				
05	INVOL-FA	IL REQ				
06	INVOL-AG	REEMNT				
07	OTH-STAT	US CHG				
TERMINATION DATE/EXPIRATION I	DATE 1	8	222	229	С	PROV4500
THE DATE THE LABORATORY'S	CERTIFICATE '	TERMINAT:	ED OR			
THE EXPIRATION DATE OF THE	CURRENT CLIZ	A CERTIF	ICATE.			
COBOL NAME: EXP-DT-1						
TYPE OF ACTION		1	230	230	С	PROV2880
IDENTIFIES THE PURPOSE FOR	WHICH THE C	ERTIFICA	TION AN	1D		
TRANSMITTAL FORM WAS PREPAR	RED.					
COBOL NAME: TYPE-ACTION						
VALUES: 1	INITIAL					
3	TERMINAT:	ION				

* INDICATES THIS FIELD HAS BEEN ADDED OF THE TOTAL THE TOTAL HEALTH CENTERS, OF THE TOTAL HEALTH CENTER	RD LAYOUT				PAGE: 8
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
TYPE OF CONTROL INDICATES THE NATURE OF THE ORGANIZ A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL	=			С	PROV2885
VALUES: 01 PROPE 02 CHURC 03 NONPE	L	RATION			
ZIP CODE THE FIVE DIGIT POSTAL CODE FOR THE	5 PROVIDER.	233	237	С	PROV2905
COBOL NAME: ZIP-CD FIPS STATE CODE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE	2	238	239	С	FIPSTATE

FIPS COUNTY CODE	3	240	242	С	FIPCNTY
FIPS COUNTY CODE					
COBOL NAME: WS-FIPS-CNTY					
SSA MSA CODE	3	243	245	С	SSAMSACD
SSA MSA CODE					
COBOL NAME: WS-SSA-MSA-CD					
SSA MSA SIZE CODE	1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE					
COBOL NAME: WS-SSA-MSA-SIZE-CD					
MEDICARE OR MEDICAID VENDOR NUMBER	15	391	405	С	PROV0655
A NUMBER WHICH MAY BE ASSIGNED TO A FACIL	ITY BY	THE			
STATE MEDICAID AGENCY FOR EXTERNAL CONTRO	L OR E	BILLING	3		
PURPOSES.					
COBOL NAME: MEDICAID-VEND-NUM					
RELATED PROVIDER NUMBER	10	502	511	С	PROV1755
THIS FIELD IS USED WHEN A PROVIDER'S FACI	LITY C	CONTAIN	1S		
MORE THAN ONE DISTINCT PROVIDER, SUCH AS A	HOSPI	TAL W	TH		
DISTINCT PART LONG TERM CARE. THE NUMBER	R IN TH	HIS FIE	ELD		
WILL BE THE PROVIDER NMBR OF THE HIGHEST	LEVEL	OF CAF	RE.		
COBOL NAME: RELATED-PROV-NUM					

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 1
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

CATEGORY - SUBTYPE OF PROVIDER 2 1 2 C PROV0085
A FURTHER BREAKDOWN OF PROVIDER CATEGORY FOR SKILLED
NURSING FACILITIES AND HOSPITALS.
COBOL NAME: CATEGORY-SUBTYPE-IND

CATEGORY OF PROVIDER/SUPPLIER 2 3 4 C PROV0075
IDENTIFIES THE CATEGORY WHICH IS MOST INDICATIVE OF THE
PROVIDER OR SUPPLIER.
COBOL NAME: CATEGORY

FEDERALLY QUALIFIED HEALTH CENTERS

VALUES: 21

CHANGE OF OWNERSHIP COUNTER	_		6	N	PROV0095
THE NUMBER OF TIMES A CHANGE OF OWNERSH TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT	HIP (CHO	DW) HAS			
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP COBOL NAME: CHOW-DT		7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALI		15 TED.	42	С	PROV3225
COBOL NAME: CITY COMPLIANCE: PLAN OF CORRECTION INDICATES IF A PROVIDER IS IN COMPLIANCE REQUIREMENTS BASED ON AN ACCEPTABLE PLATE OF DEFICIENCIES.		PROGRAM		С	PROV0220
COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANO	CE BASEI	ON ACC	CEPTA	BLE P	ос
COMPLIANCE: STATUS INDICATES IF A PROVIDER OR SUPPLIER IS WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL	1 IN COM	44 PLIANCE	44	С	PROV2715
VALUES: A IN COMPLI B NOT IN CO		CE			
COUNTY CODE SSA GEOGRAPHIC CODE INDICATING COUNTY V IS LOCATED. COBOL NAME: SSA-COUNTY	3 WHERE FA		47	С	PROV2695
CROSS REFERENCE PROVIDER NUMBER NUMBER PREVIOUSLY ASSIGNED TO A PARTICU COBOL NAME: CROSS-REF-PROV-NUM		48 OVIDER.	57	С	PROV0300
CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1	8	58	65	С	PROV0500
COBOL NAME: FMS-SURVET-DI-T CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY (WHICHEVER IS LATER. THE "OFFICIAL" SUR THE PROVIDER.			73	С	PROV2740
COBOL NAME: SURVEY-DT-1					
* INDICATES THIS FIELD HAS BEEN ADDED OR CF 1DATE: 04/03/2000 POS RECORD LA FEDERALLY QUALIFIED HEALTH CENTERS, CATE	AYOUT		, ,	,	PAGE: 2
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME

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1 74 74 C PROV0455
ELIGIBILITY CODE
  INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN
  THE MEDICARE AND/OR MEDICAID PROGRAMS.
  COBOL NAME: ELIG-CD
  VALUES: 1
                                          ELIGIBLE TO PARTICIPATE
                                NOT ELIGIBLE TO PARTICIPATE
                                                              38 75 112 C PROV0475
FACILITY NAME
  THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO
  PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.
  COBOL NAME: FACILITY-NAME
INTERMEDIARY NUMBER 5 113 117 C PROV0605
  A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER
  SERVICING A PROVIDER OR SUPPLIER.
  COBOL NAME: INTER-CARRIER-NUM
  VALUES: 00010
                                          BLUE CROSS (ALABAMA)
                00020
                                         BLUE CROSS (ARKANSAS)
                                      BLUE CROSS (ARRANSAS)
BLUE CROSS (ARIZONA)
BLUE CROSS (CALIFORNIA)
BLUE CROSS (CONNECTICUT)
BLUE CROSS (DELAWARE)
BLUE CROSS (FLORIDA)
BLUE CROSS (GEORGIA)
HEALTH CARE SERVICE CORPORATION
                 00030
                 00040
                 00060
                 00070
                 00090
                 00101
                                       HEALTH CARE SERVICE CORPORATION
HCSC - MICHIGAN
HCSC OF MICHIGAN
BLUE CROSS (INDIANA)
ADMINISTAR FEDERAL (CHICAGO)
BLUE CROSS (IOWA/SOUTH DAKOTA)
BLUE CROSS (KANSAS)
BLUE CROSS (KENTUCKY)
BLUE CROSS (MAINE)
BLUE CROSS (MARYLAND)
BLUE CROSS (MASSACHUSETTS)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MICHIGAN)
BLUE CROSS (MISSISSIPPI)
BLUE CROSS (MISSISSIPPI)
BLUE CROSS (MISSOURI)
BLUE CROSS (MISSOURI)
BLUE CROSS (MONTANA)
BLUE CROSS (MONTANA)
BLUE CROSS (NEBRASKA)
                 00121
                 00122
                 00123
                 00130
                 00131
                 00140
                 00150
                 00160
                 00180
                 00190
                 00200
                 00210
                 00220
                 00230
                 00231
                 00241
                 00250
                 00260
                                         BLUE CROSS (NEBRASKA)
                                         NEW HAMPSHIRE-VERMONT HEALTH SERVICE
                 00270
                                   BLUE CROSS (NEW JERSEY)
BLUE CROSS (NEW MEXICO)
BLUE CROSS (EMPIRE)
BLUE CROSS (NORTH CAROLINA)
BLUE CROSS (NORTH DAKOTA)
                 00280
                 00290
                 00308
                 00310
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00320

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 00340 BLUE CROSS (OKLAHOMA) 00350 BLUE CROSS (OREGON) BLUE CROSS (OREGON) (IDAHO CLAIMS) 00351 BLUE CROSS (INDEPENDENCE) 00362 BLUE CROSS (WESTERN PENNSYLVANIA) 00363 00370 BLUE CROSS (RHODE ISLAND) 00380 BLUE CROSS (SOUTH CAROLINA) 00390 BLUE CROSS (TENNESSEE) 00400 BLUE CROSS (TEXAS) 00410 BLUE CROSS (UTAH) 00423 BLUE CROSS (VIRGINIA/WEST VA) 00430 BLUE CROSS (WASHINGTON & ALASKA) 00450 BLUE CROSS (WISCONSIN) 00452 UNITED GOVERNMENT SERVICE - MI 00460 BLUE CROSS (WYOMING) 00468 BLUE CROSS (NORTH CAROLINA FOR PR) 00511 CAHABA 00952 WISCONSIN PHYSICIAN SERVICES - IL 00953 WISCONSIN PHYSICIAN SERVICES - MI 01390 AETNA (WASHINGTON) 17120 HAWAII MEDICAL SERVICE ASSOCIATION 31142 NATIONAL HERITAGE INSURANCE CO (MAINE) 31143 NATIONAL HERITAGE INSURANCE CO 31144 NATIONAL HERITAGE INSURANCE CO 31145 NATIONAL HERITAGE INSURANCE CO (VERMONT) 50333 TRAVELERS (NEW YORK) 51051 AETNA (PETALUMA) 51070 AETNA (FARMINGTON) 51100 AETNA (CLEARWATER) AETNA (PEORIA) 51140 51390 AETNA (FORT WASHINGTON) 52280 MUTUAL OF OMAHA 57400 COOPERATIVA (PUERTO RICO) 8 118 125 C PROV1565 PARTICIPATION DATE THE DATE A FACILITY IS FIRST APPROVED TO PROVIDE MEDICARE AND/OR MEDICAID SERVICES.

COBOL NAME: PARTCI-DT

PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE COBOL NAME: PRIOR-CHOW-DT	OF OWNERSHIP	8	126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUM COBOL NAME: PRIOR-INTER-CAR		5	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENT SIGNED TO A CERTIFIED PROVI IS ISSUED A 6 POSITION NUME A SUPPLIER IS ISSUED A 10 P COBOL NAME: PROV-NUM * INDICATES THIS FIELD HAS BEEN 1DATE: 04/03/2000 P	IFICATION NUMBER OR SUPPLERIC OR ALPHANOSITION ALPHANOSITION CHANOS RECORD LASS	MBER TH IER. A NUMERIC ANUMERI ANGED S YOUT	AT IS A PROVIICE NUMBER OF NUMBER OF NUMBER OF STREET	AS- DER R, ER. 01/04	/2000	PAGE: 4
FEDERALLY QUALIFIED HEALTH C	ENTERS, CATE	GORY =	"21" (8	SEE PO	SITIO	NS 3-4)
SHORT DESCRIPTION		LEN	START	END	TYPE	SAS NAME
RECORD TYPE THIS INDICATOR SPECIFIES TH COBOL NAME: RECORD-TYPE	E CURRENT STA				С	PROV1720
VALUES: A	ACCEPTED					
P	PENDING					
W	WORK					
REGION CODE THE HCFA REGIONAL OFFICE HA STATE IN WHICH THE PROVIDER COBOL NAME: REGION	IS LOCATED.	IBILITY			С	PROV1725
VALUES: 01	I BOSTO					
02 03	II NEW Y		7)			
0.3	III PHILA		A			
05	V CHICA					
06	VI DALLA					
07	VII KANSA	-				
08	VIII DENVI					
09	IX SAN FI		0			
10	X SEAT					
SKELETON RECORD INDICATOR INDICATES RECORD IS A SKELE ONLY A LIMITED SET OF THE P FOR THIS PROVIDER. COBOL NAME: SKELETON-IND	TON RECORD.	THIS M	EANS		С	PROV2045
STATE ABBREVIATION		2	153	154	С	PROV3230
STATE ABBREVIATION						

COBOL NAME: STATE-ABBREV	
VALUES: AK	ALASKA
AL	ALABAMA
AR	ARKANSAS
AS	AMERICAN SAMOA
AZ	ARIZONA
CA	CALIFORNIA
CN	CANADA
CO	COLORADO
CT	CONNECTICUT
DC	DISTRICT OF COLUMBIA
DE	DELAWARE
${ t FL}$	FLORIDA
GA	GEORGIA
GU	GUAM
HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 5

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
MX	MEXICO
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO

NV	NEVADA
NY	NEW YORK
OH	OHIO
OK	OKLAHOMA
OR	OREGON
PA	PENNSYLVANIA
PR	PUERTO RICO
RI	RHODE ISLAND
SC	SOUTH CAROLINA
SD	SOUTH DAKOTA
TN	TENNESSEE
TX	TEXAS
UT	UTAH
VA	VIRGINIA
VI	VIRGIN ISLANDS
VT	VERMONT
WA	WASHINGTON
WI	WISCONSIN
WV	WEST VIRGINIA
WY	WYOMING
STATE CODE (SSA)	2 155 156 C PROV2700
TWO DIGIT CODE INDICATING STA	
LOCATED.	
COBOL NAME: SSA-STATE	
VALUES: 01	ALABAMA
02	ALASKA
03	ARIZONA
	ADDED OR CHANGED SINCE: 01/04/2000
	S RECORD LAYOUT PAGE: 6
FEDERALLY QUALIFIED HEALTH CEN	NTERS, CATEGORY = "21" (SEE POSITIONS 3-4)
CHORE RECORDED AN	TEN CHARM DND HVDD CAC NAME
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
04	ARKANSAS
05	CALIFORNIA
06	COLORADO
07	CONNECTICUT
08	DELAWARE
09	DISTRICT OF COLUMBIA
10	FLORIDA
11	GEORGIA
12	HAWAII
13	IDAHO
13	ILLINOIS
±4	THIMOTO

15	INDIANA
16	IOWA
17	KANSAS
18	KENTUCKY
19	LOUISIANA
20	MAINE
21	MARYLAND
22	MASSACHUSETTS
23	MICHIGAN
24	MINNESOTA
25	MISSISSIPPI
26	MISSOURI
27	MONTANA
28	NEBRASKA
29	NEVADA
30	NEW HAMPSHIRE
31	NEW JERSEY
32	NEW MEXICO
33	NEW YORK
34	NORTH CAROLINA
35	NORTH DAKOTA
36	OHIO
37	OKLAHOMA
38	OREGON
39	PENNSYLVANIA
40	PUERTO RICO
41	RHODE ISLAND
42	SOUTH CAROLINA
43	SOUTH DAKOTA
4 4	TENNESSEE
45	TEXAS
46	UTAH
47	VERMONT
48	VIRGIN ISLANDS
49	VIRGINIA
50	WASHINGTON
51	WEST VIRGINIA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7
FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

52 WISCONSIN 53 WYOMING

65	CANADA MEXICO AMERICAN SAMOA GUAM SAIPAN				
STATES REGION CODE FOR SELECTED STATES, IDENTIFIE WITHIN THE STATE WHERE THE FACTOR COBOL NAME: STATE-REGION-CD	ES THE PARTICULAR	REGION		С	PROV2710
STREET ADDRESS STREET ADDRESS OF A PROVIDER OF PROVIDE MEDICARE AND/OR MEDICARE COBOL NAME: STREET-ADDRESS	THAT IS CERTIFIED		209	С	PROV2720
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM				С	PROV1605
01 02 03 04 05	ON A FACILITY HAS	BEEN	221	С	PROV4770
TERMINATION DATE/EXPIRATION DATE THE DATE THE LABORATORY'S CERTHE EXPIRATION DATE OF THE CUR COBOL NAME: EXP-DT-1	TIFICATE TERMINAT	ED OR	229	С	PROV4500
TYPE OF ACTION IDENTIFIES THE PURPOSE FOR WH. TRANSMITTAL FORM WAS PREPARED COBOL NAME: TYPE-ACTION VALUES: 1 3	ICH THE CERTIFICA			С	PROV2880

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 8 FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 231 232 C TYPE OF CONTROL PROV2885 INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES A PROVIDER OF SERVICES. COBOL NAME: TYPE-CONTROL VALUES: 01 RELIGIOUS AFFILIATION 0.2 PRIVATE 0.3 OTHER 04 PROPRIETARY 0.5 GOVERNMENT - STATE/COUNTY 06 GOVERNMENT - COMB. GOVT & VOL. 233 237 C ZIP CODE PROV2905 THE FIVE DIGIT POSTAL CODE FOR THE PROVIDER. COBOL NAME: ZIP-CD 238 239 C FIPS STATE CODE FIPSTATE FIPS STATE CODE COBOL NAME: WS-FIPS-STATE FIPS COUNTY CODE 3 240 242 C FIPCNTY FIPS COUNTY CODE COBOL NAME: WS-FIPS-CNTY 243 245 C SSA MSA CODE SSAMSACD SSA MSA CODE COBOL NAME: WS-SSA-MSA-CD 246 246 C 1 SSA MSA SIZE CODE SSAMSASZ SSA MSA SIZE CODE COBOL NAME: WS-SSA-MSA-SIZE-CD MEDICARE OR MEDICAID VENDOR NUMBER 15 391 405 C PROV0655 A NUMBER WHICH MAY BE ASSIGNED TO A FACILITY BY THE STATE MEDICAID AGENCY FOR EXTERNAL CONTROL OR BILLING PURPOSES. COBOL NAME: MEDICAID-VEND-NUM RELATED PROVIDER NUMBER 10 502 511 C PROV1755 THIS FIELD IS USED WHEN A PROVIDER'S FACILITY CONTAINS

MORE THAN ONE DISTINCT PROVIDER, SUCH AS A HOSPITAL WITH DISTINCT PART LONG TERM CARE. THE NUMBER IN THIS FIELD WILL BE THE PROVIDER NMBR OF THE HIGHEST LEVEL OF CARE.

INDICATED WHETHER THIS FOHC IS FEDERALLY FUNDED.

1 1777 1777 C PROV3710

COBOL NAME: RELATED-PROV-NUM

FEDERALLY FUNDED HEALTH CENTER

COBOL NAME: FED-FUNDED-FFHC

VALUES: N NO YES

FOHC APPROVED RHC PROVIDER # 6 1778 1783 C PROV3705

APPROVED FQHC'S RELATED RHC PROVIDER NUMBER.

COBOL NAME: APPROVED-RHC-PROV-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9

FEDERALLY QUALIFIED HEALTH CENTERS, CATEGORY = "21" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

FQHC APPROVED RURAL HEALTH CLINIC 1 1784 1784 C PROV3700

INDICATES IF THE FQHC WAS A MEDICARE CERTIFIED RURAL

HEALTH CLINIC.

COBOL NAME: APPROVED-MEDICARE-RHC VALUES: N NO

Y YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHAI 1DATE: 04/03/2000 POS RECORD LAYO CLIA88 LABORATORIES, CATEGORY = ":	TUC		- , -	,	PAGE: 1
SHORT DESCRIPTION	LEN	START	END	TYPE	SAS NAME
CATEGORY - SUBTYPE OF PROVIDER A FURTHER BREAKDOWN OF PROVIDER CATEGORY NURSING FACILITIES AND HOSPITALS. COBOL NAME: CATEGORY-SUBTYPE-IND VALUES: 01 CLIA88 LABOR	FOR S	SKILLED	2	С	PROV0085
CATEGORY OF PROVIDER/SUPPLIER IDENTIFIES THE CATEGORY WHICH IS MOST IN PROVIDER OR SUPPLIER. COBOL NAME: CATEGORY VALUES: 22 CLIA88 LABORY	DICAT	IVE OF T		С	PROV0075
CHANGE OF OWNERSHIP COUNTER THE NUMBER OF TIMES A CHANGE OF OWNERSHIT TAKEN PLACE FOR A PARTICULAR PROVIDER. COBOL NAME: CHOW-CNT			6	N	PROV0095
CHANGE OF OWNERSHIP DATE EFFECTIVE DATE OF A CHANGE OF OWNERSHIP. COBOL NAME: CHOW-DT	8	7	14	С	PROV0100
CITY CITY IN WHICH THE PROVIDER IS PHYSICALLY COBOL NAME: CITY		15 TED.	42	С	PROV3225

COMPLIANCE: PLAN OF CORRECTION 1 43 43 C PROV0220 INDICATES IF A PROVIDER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS BASED ON AN ACCEPTABLE PLAN FOR CORRECTION OF DEFICIENCIES. COBOL NAME: COMPL-ACCEPT-PLAN-COR VALUES: 1 COMPLIANCE BASED ON ACCEPTABLE POC COMPLIANCE: STATUS 1 44 44 C PROV2715 INDICATES IF A PROVIDER OR SUPPLIER IS IN COMPLIANCE WITH PROGRAM REQUIREMENTS. COBOL NAME: STATUS-COMPL VALUES: A IN COMPLIANCE B NOT IN COMPLIANCE COUNTY CODE 3 45 47 C PROV2695 SSA GEOGRAPHIC CODE INDICATING COUNTY WHERE FACILITY IS LOCATED. COBOL NAME: SSA-COUNTY CROSS REFERENCE PROVIDER NUMBER 10 48 57 C PROV0300 NUMBER PREVIOUSLY ASSIGNED TO A PARTICULAR PROVIDER. COBOL NAME: CROSS-REF-PROV-NUM 8 58 65 C PROV0500 CURRENT FMS SURVEY DATE CURRENT FMS SURVEY DATE COBOL NAME: FMS-SURVEY-DT-1 * INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 2 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME 8 66 73 C PROV2740 CURRENT SURVEY DATE THE DATE OF THE HEALTH OR LIFE SAFETY CODE SURVEY, WHICHEVER IS LATER. THE "OFFICIAL" SURVEY DATE FOR THE PROVIDER. COBOL NAME: SURVEY-DT-1 1 74 74 C ELIGIBILITY CODE PROV0455 INDICATES IF A FACILITY IS ELIGIBLE TO PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS. COBOL NAME: ELIG-CD VALUES: 1 ELIGIBLE TO PARTICIPATE
NOT ELIGIBLE TO PARTICIPATE 38 75 112 C PROV0475 FACILITY NAME

THE NAME OF A PROVIDER OR SUPPLIER CERTIFIED TO

PARTICIPATE IN THE MEDICARE AND/OR MEDICAID PROGRAMS.

COBOL NAME: FACILITY-NAME

INTERMEDIARY NUMBER 5 113 117 C PROV0605

A NUMBER ASSIGNED TO AN INTERMEDIARY OR CARRIER

SERVICING A PROVIDER OR SUPPLIER.

COBOL NAME: INTER-CARRIER-NUM

COBOL NAME:	INTER-CARRIER-NUM					
VALUES: 0	0010	BLUE	CROSS	(ALABAMA)		
0	0020	BLUE	CROSS	(ARKANSAS)		
0	0030	BLUE	CROSS	(ARIZONA)		
0	0040	BLUE	CROSS	(CALIFORNIA	A)	
0	0060	BLUE	CROSS	(CONNECTIC	JT)	
0	0070	BLUE	CROSS	(DELAWARE)		
0	0090	BLUE	CROSS	(FLORIDA)		
0	0101	BLUE	CROSS	(GEORGIA)		
0	0121	HEALT	H CARE	SERVICE CO	ORPORATI	ON
0	0122	HCSC	- MICH	IIGAN		
0	0123	HCSC	OF MIC	HIGAN		
0	0130	BLUE	CROSS	(INDIANA)		
0	0131	ADMIN	NISTAR	FEDERAL (CH	HICAGO)	
0	0140	BLUE	CROSS	(IOWA/SOUTE	H DAKOTA	(,)
0	0150	BLUE	CROSS	(KANSAS)		
0	0160	BLUE	CROSS	(KENTUCKY)		
0	0180	BLUE	CROSS	(MAINE)		
0	0190	BLUE	CROSS	(MARYLAND)		
0	0200	BLUE	CROSS	(MASSACHUSE	ETTS)	
0	0210	BLUE	CROSS	(MICHIGAN)		
0	0220	BLUE	CROSS	(MINNESOTA))	
0	0230	BLUE	CROSS	(MISSISSIPI	PI)	
0	0231	BLUE	CROSS	(LOUISIANA))	
0	0241	BLUE	CROSS	(MISSOURI)		
0	0250	BLUE	CROSS	(MONTANA)		
0	0260	BLUE	CROSS	(NEBRASKA)		
0	0270	NEW H	HAMPSHI	RE-VERMONT	HEALTH	SERVICE
0	0280	BLUE	CROSS	(NEW JERSE	Y)	

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 3

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

00290	BLUE CROSS	(NEW MEXICO)
00308	BLUE CROSS	(EMPIRE)
00310	BLUE CROSS	(NORTH CAROLINA)
00320	BLUE CROSS	(NORTH DAKOTA)

00332	COMMUNITY MUTUAL INSURANCE CO
00340	BLUE CROSS (OKLAHOMA)
00350	BLUE CROSS (OREGON)
00351	BLUE CROSS (OREGON) (IDAHO CLAIMS)
00362	BLUE CROSS (INDEPENDENCE)
00363	BLUE CROSS (WESTERN PENNSYLVANIA)
00370	BLUE CROSS (RHODE ISLAND)
00380	BLUE CROSS (SOUTH CAROLINA)
00390	BLUE CROSS (TENNESSEE)
00400	BLUE CROSS (TEXAS)
00410	BLUE CROSS (UTAH)
00423	BLUE CROSS (VIRGINIA/WEST VA)
00430	BLUE CROSS (WASHINGTON & ALASKA)
00450	BLUE CROSS (WISCONSIN)
00452	UNITED GOVERNMENT SERVICE - MI
00460	BLUE CROSS (WYOMING)
00468	BLUE CROSS (NORTH CAROLINA FOR PR)
00510	BLUE SHIELD (ALABAMA)
00511	САНАВА
00520	BLUE SHIELD (ARKANSAS)
00528	BLUE SHIELD (ARKANSAS/LOUISIANA)
00542	BLUE SHIELD (CALIFORNIA)
00550	BLUE SHIELD (COLORADO)
00570	BLUE SHIELD (DELAWARE)
00580	BLUE SHIELD (DISTRICT OF COLUMBIA)
00590	BLUE SHIELD (FLORIDA)
00621	BLUE SHIELD (ILLINOIS)
00630	BLUE SHIELD (INDIANA)
00640	BLUE SHIELD (IOWA)
00650	BLUE SHIELD (KANSAS)
00655	BLUE SHIELD (KANSAS/NEBRASKA)
00660	BLUE SHIELD (KENTUCKY)
00690	BLUE SHIELD (MARYLAND)
00700	BLUE SHIELD (MASSACHUSETTS)
00710	BLUE SHIELD (MICHIGAN)
00720	BLUE SHIELD (MINNESOTA)
00740	BLUE SHIELD (KANSAS CITY)
00751	BLUE SHIELD (MONTANA)
00770	BLUE SHIELD (NEW HAMPSHIRE/VERMONT)
00780	BLUE SHIELD (TRI-STATE)
00801	BLUE SHIELD (BUFFALO)
00803	BLUE SHIELD (EMPIRE)
00805	BLUE SHIELD OF NEW YORK
00820	BLUE SHIELD (NORTH DAKOTA)
-	, - ,

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION	LEN START END TYPE SAS NAME
00825	BLUE SHIELD (NORTH DAKOTA/WYOMING)
00860	BLUE SHIELD (PENNSYLVANIA/NEW JERSEY)
00865	BLUE SHIELD (PENNSYLVANIA)
00870	BLUE SHIELD (RHODE ISLAND)
00880	BLUE SHIELD (SOUTH CAROLINA)
00900	BLUE SHIELD (TEXAS)
00901	TRAILBLAZERS HEALTH ENTERPRISES
00910	BLUE SHIELD (UTAH)
00930	BLUE SHIELD (WASHINGTON)
00951	WISCONSIN PHYSICIANS SERVICE
00952	WISCONSIN PHYSICIAN SERVICES - IL
00953	WISCONSIN PHYSICIAN SERVICES - MI
00973	BLUE SHIELD (PUERTO RICO)
00974	BLUE SHIELD (VIRGIN ISLANDS)
01010	AETNA (PEORIA)
01020	AETNA (ALASKA)
01030	AETNA (ARIZONA)
01040	AETNA (GEORGIA)
01120	AETNA (HAWAII)
01290	AETNA (NEVADA)
01360	AETNA (NEW MEXICO)
01370	AETNA (OKLAHOMA)
01380	AETNA (OREGON)
01390	AETNA (WASHINGTON)
02050	OCCIDENTAL (CALIFORNIA)
05130	EQICOR (IDAHO)
05440	EQICOR (TENNESSEE)
05535	EQICOR (NORTH CAROLINA)
10071	TRAVELERS (RRB)
10230	TRAVELERS (CONNECTICUT)
10240	TRAVELERS (MINNESOTA)
10250	TRAVELERS (MISSISSIPPI)
10490	TRAVELERS (VIRGINIA)
10492	TRAVELERS - VIRGINIA SPECIAL PROJECT
11260	GENERAL AMERICAN
14330	GROUP HEALTH INC (NEW YORK)
16360	NATIONWIDE (OHIO)
16510	NATIONWIDE (WEST VIRGINIA)
17120	HAWAII MEDICAL SERVICE ASSOCIATION
21200	MASSACHUSETTS/MAINE
31142	NATIONAL HERITAGE INSURANCE CO (MAINE)
31143	NATIONAL HERITAGE INSURANCE CO

31144 31145 50333 51051 51070 51100	NATIONAL HERI NATIONAL HERI TRAVELERS (NE AETNA (PETALU AETNA (FARMIN AETNA (CLEARW	TAGE INSU W YORK) MA) GTON)			ERMONT)
* INDICATES THIS FIELD HAS BEEN . 1DATE: 04/03/2000 PO CLIA88 LABORATORIES,	S RECORD LAYOUT		,	,	PAGE: 5
SHORT DESCRIPTION	LE	N START	END	TYPE	SAS NAME
51140 51390 52280 57400	AETNA (PEORIA AETNA (FORT W. MUTUAL OF OMA COOPERATIVA (ASHINGTON HA	,		
PARTICIPATION DATE THE DATE A FACILITY IS FIRST	APPROVED TO PR		125	С	PROV1565
MEDICARE AND/OR MEDICAID SER COBOL NAME: PARTCI-DT PRIOR CHANGE OF OWNERSHIP THE DATE OF A PRIOR CHANGE O COBOL NAME: PRIOR-CHOW-DT	8	126	133	С	PROV1615
PRIOR INTERMEDIARY NUMBER A PREVIOUS INTERMEDIARY NUMB COBOL NAME: PRIOR-INTER-CARR	ER.WHEN	134	138	С	PROV1620
PROVIDER NUMBER A SIX OR TEN POSITION IDENTI SIGNED TO A CERTIFIED PROVID IS ISSUED A 6 POSITION NUMER A SUPPLIER IS ISSUED A 10 PO	1 FICATION NUMBER ER OR SUPPLIER. IC OR ALPHANUME	THAT IS A PROVI	AS- IDER ER,	С	PROV1680
COBOL NAME: PROV-NUM RECORD TYPE THIS INDICATOR SPECIFIES THE COBOL NAME: RECORD-TYPE	=			С	PROV1720
VALUES: A D N P W	ACCEPTED DELETED NOT-A-LAB PENDING WORK				
REGION CODE THE HCFA REGIONAL OFFICE HAV STATE IN WHICH THE PROVIDER	ING RESPONSIBIL			С	PROV1725

VALUES:	01 02 03 04 05 06 07 08 09	III F IV F V C VI I VII F VIII I IX SF	BOSTON NEW YORK PHILADELP ATLANTA CHICAGO DALLAS KANSAS CI DENVER AN FRANCI BEATTLE	TY			
1DATE: 04/03/2	CHIS FIELD HAS BEEN A 2000 POS LIA88 LABORATORIES, C	RECORI	LAYOUT				PAGE: 6
SHORT DESCF	RIPTION		LEN	START	END	TYPE	SAS NAME
INDICATES ONLY A LI FOR THIS	ECORD INDICATOR RECORD IS A SKELETO MITED SET OF THE PRO PROVIDER. E: SKELETON-IND		RD. THIS	MEANS		С	PROV2045
VALUES:	Y	YES					
COBOL NAM	BREVIATION ME: STATE-ABBREV			153	154	С	PROV3230
VALUES:	AK AL AR AS AZ CA CO	ALASKA ALABAN ARKANS AMERIC ARIZON CALIFO COLORA CONNEC	MA SAS CAN SAMOA NA DRNIA ADO				
	DC DE FL FN GA		ICT OF CO ARE DA GN	LUMBIA			

GUAM

COBOL NAME: REGION

GU

HI	HAWAII
IA	IOWA
ID	IDAHO
IL	ILLINOIS
IN	INDIANA
KS	KANSAS
KY	KENTUCKY
LA	LOUISIANA
MA	MASSACHUSETTS
MD	MARYLAND
ME	MAINE
MI	MICHIGAN
MN	MINNESOTA
MO	MISSOURI
MP	SAIPAN
MS	MISSISSIPPI
MT	MONTANA
NC	NORTH CAROLINA
ND	NORTH DAKOTA
NE	NEBRASKA
NH	NEW HAMPSHIRE
NJ	NEW JERSEY
NM	NEW MEXICO
NV	NEVADA

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 7

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

NEW YORK NY OH OHIO OK OKLAHOMA OR OREGON PA PENNSYLVANIA PR PUERTO RICO RHODE ISLAND RI SC SOUTH CAROLINA SD SOUTH DAKOTA TN TENNESSEE TX TEXAS UT UTAH VIRGINIA VA VI VIRGIN ISLANDS VT VERMONT

```
WA
                               WASHINGTON
             WΙ
                               WISCONSIN
             WV
                               WEST VIRGINIA
             WY
                               WYOMING
                               2 155 156 C PROV2700
  STATE CODE (SSA)
    TWO DIGIT CODE INDICATING STATE WHERE FACILITY IS
    LOCATED.
    COBOL NAME: SSA-STATE
    VALUES: 01
                               ALABAMA
             02
                               ALASKA
             0.3
                               ARIZONA
             04
                               ARKANSAS
             05
                               CALIFORNIA
             06
                               COLORADO
             07
                               CONNECTICUT
             08
                               DELAWARE
             09
                               DISTRICT OF COLUMBIA
             10
                               FLORIDA
             11
                               GEORGIA
             12
                               HAWAII
             13
                               IDAHO
             14
                               ILLINOIS
             15
                               INDIANA
             16
                               IOWA
             17
                               KANSAS
             18
                               KENTUCKY
             19
                               LOUISIANA
             20
                               MAINE
             21
                               MARYLAND
             22
                               MASSACHUSETTS
             23
                               MICHIGAN
             24
                              MINNESOTA
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                         PAGE: 8
          CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                        LEN START END TYPE SAS NAME
             25
                               MISSISSIPPI
             26
                               MISSOURI
             27
                               MONTANA
             28
                               NEBRASKA
             29
                               NEVADA
             30
                              NEW HAMPSHIRE
```

31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 64 65 66 99	NEW JERSEY NEW MEXICO NEW YORK NORTH CAROLINA NORTH DAKOTA OHIO OKLAHOMA OREGON PENNSYLVANIA PUERTO RICO RHODE ISLAND SOUTH CAROLINA SOUTH DAKOTA TENNESSEE TEXAS UTAH VERMONT VIRGIN ISLANDS VIRGINIA WASHINGTON WEST VIRGINIA WISCONSIN WYOMING AMERICAN SAMOA GUAM SAIPAN FOREIGN
STATES REGION CODE FOR SELECTED STATES, IDENTIFY WITHIN THE STATE WHERE THE FACOBOL NAME: STATE-REGION-CD	
STREET ADDRESS STREET ADDRESS OF A PROVIDER PROVIDE MEDICARE AND/OR MEDIC COBOL NAME: STREET-ADDRESS	
TELEPHONE NUMBER THE 10 DIGIT TELEPHONE NUMBER THE OPERATOR OF A PROVIDER. COBOL NAME: PHONE-NUM	10 210 219 C PROV1605 R OF THE PRIMARY CONTACT OR

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 9 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

```
2 220 221 C PROV4770
TERMINATION CODE # 1
 TERMINATION CODE #1, THE REASON A FACILITY HAS BEEN
 TERMINATED FROM THE CLIA, MEDICARE AND/OR MEDICAID
 PROGRAMS.
 COBOL NAME: TERM-CD-1
 VALUES: 00
                            ACTIVE
          01
                            VOL-MERG, CLOSE
          02
                            VOL-REIMBURSE
           0.3
                            VOL-RISK INVOL
          0.4
                            VOL-OTHER
          0.5
                            INVOL-FAIL REQ
          06
                            INVOL-AGREEMNT
           07
                            OTH-STATUS CHG
          0.8
                            NONPAYMENT OF FEES
          09
                            REV/UNSUCCESSFUL PARTICIPATION IN PT
          10
                            REV/OTHER REASON
          11
                            INCOMPLETE CLIA APPLICATION INFORMATION
          12
                           NO LONGER PERFORMING TESTS
          13
                           MULTIPLE TO SINGLE SITE CERTIFICATE
          14
                           SHARED LABORATORY
          15
                            FAILURE TO RENEW WAIVER PPMP CERTIFICATE
          16
                           DUPLICATE CLIA NUMBER
          17
                           UNDELIVERABLE
          20
                           NOTIFICATION BANKRUPTCY
           33
                            LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
                           OIG ACTION - DO NOT ACTIVATE
TERMINATION DATE/EXPIRATION DATE 1 8 222 229 C PROV4500
 THE DATE THE LABORATORY'S CERTIFICATE TERMINATED OR
 THE EXPIRATION DATE OF THE CURRENT CLIA CERTIFICATE.
 COBOL NAME: EXP-DT-1
                                      1 230 230 C PROV2880
TYPE OF ACTION
 IDENTIFIES THE PURPOSE FOR WHICH THE CERTIFICATION AND
 TRANSMITTAL FORM WAS PREPARED.
 COBOL NAME: TYPE-ACTION
 VALUES: 1
                            INITIAL
                            RECERTIFICATION
                           TERMINATION
          4
                           CHANGE OF OWNERSHIP
                            VALIDATION (CLIA 88)
                            ONSITE SURVEY DUE TO FLEXIBLE SURVEY
TYPE OF CONTROL
                                       2 231 232 C PROV2885
```

INDICATES THE NATURE OF THE ORGANIZATION THAT OPERATES

A PROVIDER OF SERVICES.

03

COBOL NAME: TYPE-CONTROL

VALUES: 01 RELIGIOUS AFFILIATION

02 PRIVATE

* INDICATES THIS FIELD HAS BEEN AN 1DATE: 04/03/2000 POS CLIA88 LABORATORIES, CA	RECORD LAYOU	JT				PAGE: 10
SHORT DESCRIPTION	I	LEN ST	TART	END	TYPE	SAS NAME
	OTHER PROPRIETARY					
	GOVERNMENT -		N3.7			
	GOVERNMENT -					
	GOVERNMENT -	-				
0.8	GOVERNMENT -					
	GOVERNMENT -	O'T'HEF	₹			
10	UNKNOWN					
ZIP CODE		5	233	237	С	PROV2905
THE FIVE DIGIT POSTAL CODE FOR	R THE PROVIDE	CR.				
COBOL NAME: ZIP-CD						
FIPS STATE CODE		2	238	239	С	FIPSTATE
FIPS STATE CODE						
COBOL NAME: WS-FIPS-STATE						
FIPS COUNTY CODE		3	240	242	С	FIPCNTY
FIPS COUNTY CODE						
COBOL NAME: WS-FIPS-CNTY						
SSA MSA CODE		3	243	245	С	SSAMSACD
SSA MSA CODE						
COBOL NAME: WS-SSA-MSA-CD						
SSA MSA SIZE CODE		1	246	246	С	SSAMSASZ
SSA MSA SIZE CODE		_		210	Ü	0011101101
COBOL NAME: WS-SSA-MSA-SIZE-CI)					
FISCAL YEAR ENDING DATE		Δ	372	375	C	PROV0485
THE ENDING DATE (MONTH AND DAY					C	11(0 / 0 105
YEAR.	I) OF A FACIL	1111 0	LIDCE	711		
COBOL NAME: FISC-YR-END-DT						
TYPE OF FACILITY		2	566	567	C	PROV2890
INDICATES THE CATEGORY WHICH H		_		307	C	FNOVZOJO
FACILITY.	VELVESENIS IU	IE IIFE	1 OF			
COBOL NAME: TYPE-FACILITY						
	AMDIII AMODY O	ינוס כיייי	Z OTENT	מתח		
VALUES: 01 02	AMBULATORY S		L CEN'	LEK		
	COMMUNITY CL					

COMPREHENSIVE OUTPATIENT REHAB

04 05 06 07 08 09 10 11 12 13 14	ANCILLARY TEST SITE END STAGE RENAL DISEASE DIALYSIS HEALTH FAIR HEALTH MAINTENANCE ORGANIZATION HOME HEALTH AGENCY HOSPICE HOSPITAL INDEPENDENT INDUSTRIAL INSURANCE INTERM. CARE FACIL. MENTALLY RETARDED MOBILE UNIT PHARMACY
1DATE: 04/03/2000 POS	ADDED OR CHANGED SINCE: 01/04/2000 RECORD LAYOUT PAGE: 11 CATEGORY = "22" (SEE POSITIONS 3-4)
SHORT DESCRIPTION	LEN START END TYPE SAS NAME
17 18 19 20 21 22 23 24 25	SCHOOL/STUDENT HEALTH SERVICE SKILLED NURSING/NURSING FACILITY PHYSICIAN OFFICE OTHER PRACTITIONER TISSUE BANK/REPOSITORIES BLOOD BANKS RHC/FQHC AMBULANCE OTHER
ACCREDITED BY AABB INDICATES IF THE LAB IS ACCRE ASSOCIATION OF BLOOD BANKS. THE LABORATORY'S HCFA-116. COBOL NAME: ACCRED-AABB-IND VALUES: X	
ACCREDITED BY AOA INDICATES IF THE LAB IS ACCRE OSTEOPATHIC ASSOCIATION. THI LABORATORY'S HCFA-116. COBOL NAME: ACCRED-AOA-IND VALUES: X	
ACCREDITED BY ASHI INDICATES IF THE LAB IS ACCRE	1 1787 1787 C PROV4225 CDITED BY THE AMERICAN

SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.

THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-ASHI-IND

VALUES: X YES

ACCREDITED BY CAP 1 1788 1788 C PROV4210

INDICATES IF THE LAB IS ACCREDITED BY THE COLLEGE OF AMERICAN PATHOLOGISTS. THIS INFORMATION IS FROM THE

LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-CAP-IND

VALUES: X YES

ACCREDITED BY COLA 1 1789 1789 C PROV4215

INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS

FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-COLA-IND

VALUES: X YES

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

PAGE: 12

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ACCREDITED BY JCAHO 1 1790 1790 C PROV4195

INDICATES IF THE LAB IS ACCREDITED BY THE JOINT

COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATION.

THIS INFORMATION IS FROM THE LABORATORY'S HCFA-116.

COBOL NAME: ACCRED-JCAHO-IND

VALUES: X YES

ACCREDITED TEST VOLUME FOR AABB 13 1791 1803 N PROV5685

THE NUMBER OF TESTS PERFORMED ANNUALLY IN AN AABB

ACCREDITED LAB. AABB REPORTS THIS INFORMATION TO HCFA.

COBOL NAME: AABB-ANN-TEST-VOL

ACCREDITED Y MATCH DATE AABB 8 1804 1811 C PROV5040

THE DATE THE AMERICAN ASSOCIATION OF BLOOD BANKS

NOTIFIES HCFA THAT LAB IS ACCREDITED WITH AABB. THE

EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE

CERTIFICATE OF ACCREDITATION FEES.

COBOL NAME: ACCRED-AABB-DT

ACCREDITED Y MATCH DATE AOA 8 1812 1819 C PROV5045 THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION. COBOL NAME: ACCRED-AOA-DT ACCREDITED Y MATCH DATE ASHI 8 1820 1827 C PROV5055 THE DATE THE LAB WAS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION COBOL NAME: ACCRED-ASHI-DT 8 1828 1835 C ACCREDITED Y MATCH DATE CAP PROV5060 THE DATE THE COLLEGE OF AMERICAN PATHOLOGIST NOTIFIES HCFA THAT LAB IS ACCREDITED BY CAP. THE EARLIEST Y MATCH DATE INITIATES THE BILLING FOR THE CERTIFICATE OF ACCREDITATION FEES. COBOL NAME: ACCRED-CAP-DT ACCREDITED Y MATCH DATE COLA 8 1836 1843 C PROV5065 THE DATE THE COMMISSION ON OFFICE LABORATORY ACCREDITATION NOTIFIES HCFA THAT LAB IS ACCREDITED WITH COLA. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-COLA-DT ACCREDITED Y MATCH DATE JCAHO 8 1844 1851 C PROV5070 THE DATE THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS NOTIFIES HCFA THAT LAB IS ACCREDITED. THE EARLIEST Y MATCH DATE INITIATES THE BILLING OF THE CERTIFICATE OF ACCREDITATION FEES COBOL NAME: ACCRED-JCAHO-DT

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 13

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

ACCREDITED Y MATCH IND AABB 1 1852 1852 C PROV4970

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN ASSOCIATION OF BLOOD BANKS. THIS INFORMATION IS

SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-AABB-MATCH-IND

VALUES: Y YES

ACCREDITED Y MATCH IND AOA 1 1853 1853 C PROV4975

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN OSTEOPATHIC ASSOCIATION. THIS INFORMATION IS SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-AOA-MATCH-IND

VALUES: Y YES

ACCREDITED Y MATCH IND ASHI 1 1854 1854 C PROV4985

INDICATES IF THE LAB IS ACCREDITED BY THE AMERICAN SOCIETY FOR HISTOCOMPATIBILITY AND IMMUNOGENETICS.

THIS INFORMATION IS SUPPLIED BY THE ACCREDITING

ORGANIZATION.

COBOL NAME: ACCRED-ASHI-MATCH-IND VALUES: Y YES

ACCREDITED Y MATCH IND CAP 1 1855 C PROV4990

INDICATES IF THE LAB IS ACCREDITED BY COLLEGE OF

AMERICAN PATHOLOGISTS. THIS INFORMATION IS SUPPLIED BY

THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-CAP-MATCH-IND

VALUES: Y YES

ACCREDITED Y MATCH IND COLA 1 1856 1856 C PROV4960

INDICATES IF THE LAB IS ACCREDITED BY THE COMMISSION ON

OFFICE LABORATORY ACCREDITATION. THIS INFORMATION IS

SUPPLIED BY THE ACCREDITING ORGANIZATION.

COBOL NAME: ACCRED-COLA-MATCH-IND

VALUES: Y YES

ACCREDITED Y MATCH IND JCAHO 1 1857 C PROV4995

INDICATES IF LAB IS ACCREDITED BY THE JOINT

COMMISSION ON ACCREDITAION OF HEALTHCARE ORGANIZATIONS.

THIS INFORMATION IS SUPPLIED BY THE ACCREDITING

ORGANIZATION.

COBOL NAME: ACCRED-JCAHO-MATCH-IND

VALUES: Y YES

AFFILIATED CLIA NUMBER 1 10 1858 1867 C PROV4240

AFFILIATED CLIA NUMBER 1

COBOL NAME: AFFIL-PROV-NUM-1

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 14

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

AFFILIATED CLIA NUMBER 2 AFFILIATED CLIA NUMBER 2			1	0	1868	1877	С	PROV424	15
COBOL NAME: AFFIL-PROV-NUM-2	2								
AFFILIATED CLIA NUMBER 3			1	0	1878	1887	С	PROV425	50
AFFILIATED CLIA NUMBER 3									
COBOL NAME: AFFIL-PROV-NUM-3	3								
AFFILIATED CLIA NUMBER 4			1	0	1888	1897	С	PROV425	55
AFFILIATED CLIA NUMBER 4									
COBOL NAME: AFFIL-PROV-NUM-4	l								
AFFILIATED CLIA NUMBER 5			1	0	1898	1907	С	PROV426	50
AFFILIATED CLIA NUMBER 5									
COBOL NAME: AFFIL-PROV-NUM-5	5								
AFFILIATED CLIA NUMBER 6			1	0	1908	1917	С	PROV426	55
AFFILIATED CLIA NUMBER 6									
COBOL NAME: AFFIL-PROV-NUM-6	5								
AFFILIATED CLIA NUMBER 7			1	О	1918	1927	С	PROV427	70
AFFILIATED CLIA NUMBER 7									
COBOL NAME: AFFIL-PROV-NUM-7	7								
AFFILIATED CLIA NUMBER 8			1	0	1928	1937	С	PROV427	75
AFFILIATED CLIA NUMBER 8									
COBOL NAME: AFFIL-PROV-NUM-8	}								
APPLICATION ACCRED ANNUAL TEST	. VOL		9		1938	1946	N	PROV439	90
ACCREDITED ANNUAL TEST VOLUM	ME. THIS	FIELI) I	S CA	LCULAT	ED			
USING THE CLIA APPLICATION D	DATA.								
COBOL NAME: APPL-ACCR-ANN-TE	EST-VOL								
APPLICATION ACCRED SCHEDULE CO	DDE		1		1947	1947	С	PROV436	55
ACCREDITATION SCHEDULE CODE.	THIS	SCHEDU	JLE	IS 1	FIGURE	ED			
USING THE CLIA APPLICATION D	DATA.								
COBOL NAME: APPL-ACCRED-SCHE	ED-CD								
VALUES: A								TOT. VOI	
В								TOT. VOI	
С								TOT. VO	
D	SPEC (COUNT	> 3	3 (10,001	TO 2	5,000	TOT. VO	DL.)
E	SPEC (COUNT	> (0 (2	5,001	TO 50	,000	TOT. VOI	i.)
F	SPEC (COUNT	> (0 (5)	0,001	TO 75	,000	TOT. VOI	i.)
G	SPEC (COUNT	> (0 (7	5,001	TO 10	0,000	TOT. VO	DL.)
H	SPEC (COUNT	> (0 (1	00,001	TO 5	00,00	7 TOT.	70L.)
I	SPEC (COUNT	> (0 (5)	00,001	TO 1	,000,	TOT 000	VOL)
J	SPEC (COUNT	> (0 (1,	,000,0	01 OR	MORE	TOT. VO	DL.)
V	TOTAL	VOLUN	4E:	1 T	2,00	00			
APPLICATION RECEIVED DATE			8		1948	1955	С	PROV434	10
						~			

APPLICATION RECEIVED DATE 8 1948 1955 C PR APPLICATION RECEIVED DATE. THE DATE THE APPLICATION WAS ADDED OR THE 109 DATA WAS UPDATED WITH APPLICATION DATA COBOL NAME: APPL-RECEIVED-DT 1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 15 CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4) SHORT DESCRIPTION LEN START END TYPE SAS NAME APPLICATION TOTAL ANNUAL TEST VOL 11 1956 1966 N PROV4325 APPLICATION TOTAL ANNUAL TEST VOLUME. THIS FIELD IS CALCULATED USING CLIA APPLICATION DATA. COBOL NAME: APPL-TOT-ANN-TEST-VOL APPLICATION TYPE 1 1967 1967 C PROV4695 THE TYPE OF CLIA CERTIFICATE APPLIED FOR BY A LAB COBOL NAME: TYPE-APPLICATION VALUES: 1 CERT 2 WAIV ACCR PPMP PART CERT TYPE CODE # 1 1 1968 1968 C PROV3810 A CODE THAT IDENTIFIES THE TYPE OF LABORATORY CERTIFICATE CURRENTLY IN EFFECT COBOL NAME: CERT-TYPE-CD-1 VALUES: 1 CERTIFICATE WAIVER ACCREDITATION MICROSCOPY PARTIAL ACC REGISTRATION 8 1969 1976 C CERTIFICATE MAILED DATE 1 PROV4700 CERTIFICATE MAILED DATE 1 COBOL NAME: CERT-MAILED-DT-1 8 1977 1984 C CLIA CERT. EFFECTIVE DATE # 1 PROV3860 DATE THE CURRENT LABORATORY CERTIFICATE IS EFFECTIVE, DETERMINED BY THE APPROVAL DATE OF THE CERTIFICATE APPLICATION UNLESS OVERRIDDEN. COBOL NAME: EFF-DT-1 CLIA EXEMPT INDICATOR 1 1985 1985 C PROV4605 CLIA EXEMPT INDICATOR IDENTIFIES A LABORATORY LOCATED

IN A STATE THAT IS EXEMPT FROM CLIA REQUIREMENTS.
THE CLIA ADJUSTMENT PROGRAMS WILL NOT SEND BILLS OR
ISSUE CERTIFICATES WHEN Y EXEMPT INDICATOR IS PRESENT.

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

COBOL NAME: CLIA-EXEMPT-IND

VALUES: Y YES

CLIA MEDICARE NUMBER 12 1986 1997 C PROV4885

CLIA MEDICARE NUMBER

COBOL NAME: CLIA-MEDICARE-NUM

FAX PHONE NUMBER 10 1998 2007 C PROV5800

THE 10 DIGIT FAX PHONE NUMBER OF THE PRIMARY CONTACT OR

THE OPERATOR OF THE LABORATORY

COBOL NAME: FAX-NUM

* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000

1DATE: 04/03/2000 POS RECORD LAYOUT PAGE: 16

CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)

SHORT DESCRIPTION LEN START END TYPE SAS NAME

MULTIPLE SITE CERTIFICATE IND 1 2008 2008 C PROV4175

INDICATES IF A LAB HAS APPLIED FOR ONE CERTIFICATE FOR

MULTIPLE SITES.

COBOL NAME: MULTI-SITE-IND

VALUES: N NO

Y YES

NON-PROFIT CODE 1 2009 2009 C PROV4190

NON-PROFIT CODE INDICATOR

COBOL NAME: NON-PROFIT-IND

VALUES: N NO

Y YES

NUMBER NON-WAIVED INDIVIDUALS 9 2010 2018 N PROV4330

TOTAL NUMBER NON-WAIVED INDIVIDUALS LISTED ON PAGE 4

OF THE HCFA-116.

COBOL NAME: TOT-NUM-NON-WAIVED-IND

NUMBER OF CLINICAL CONSULTANTS 4 2019 2022 N PROV4295

NUMBER OF CLINICAL CONSULTANTS AS REPORTED ON THE

LABORATORY APPLICATION FORM HCFA-116

COBOL NAME: NUM-CLIN-CONSULT

NUMBER OF DIRECTORS 4 2023 2026 N PROV4290

NUMBER OF DIRECTORS

COBOL NAME: NUM-DIRECTORS

NUMBER OF GENERAL SUPERVISORS 4 2027 2030 N PROV4310

NUMBER OF GENERAL SUPERVISORS AS REPORTED ON THE

LABORATORY APPLICATION FORM HCFA-116

COBOL NAME: NUM-GEN-SUPER

NUMBER OF LAB SITES THE TOTAL NUMBER OF LAB SITES FOR WHI APPLIED FOR A SINGLE CERTIFICATE.			2034 N	PROV4180
COBOL NAME: TOT-NUM-SITES NUMBER OF LABS DIRECTLY AFFILIATED NUMBER OF LABORATORIES DIRECTLY AFFIL		2035	2035 N	PROV4235
NUMBER OF TECHNICAL CONSULTANTS			2039 N	PROV4300
AS REPORTED ON THE LABORATORY APPLICA COBOL NAME: NUM-TECH-CONSULT	TION FORM	HCFA-1	16	
NUMBER OF TECHNICAL SUPERVISORS NUMBER OF TECHNICAL SUPERVISORS	4	2040	2043 N	PROV4305
AS REPORTED ON THE LABORATORY APPLICA	TION FORM	HCFA-1	16	
COBOL NAME: NUM-TECH-SUPER NUMBER OF TESTING PERSONNEL NUMBER OF TEST PERSONNEL	4	2044	2047 N	PROV4315
AS REPORTED ON THE LABORATORY APPLICA COBOL NAME: NUM-TEST-PERSONNEL	ITON FORM	HCFA-1	16	
* INDICATES THIS FIELD HAS BEEN ADDED OR 1DATE: 04/03/2000 POS RECORD CLIA88 LABORATORIES, CATEGORY	LAYOUT			PAGE: 17
SHORT DESCRIPTION	LEN	START	END TYPE	SAS NAME
NUMBER WAIVED INDIVIDUALS TOTAL NUMBER OF INDIVIDUALS INVOLVED LABORATORY TESTING AS REPORTED ON THE APPLICATION FORM HCFA 116	IN WAIVED		2053 N	PROV4285
COBOL NAME: TOT-NUM-WAIVED-IND	1	2054	2054 C	PR0V3610

PREVIOUSLY REGULATED INDICATOR 1 2054 2054 C PROV3610 INDICATES IF THE LABORATORY WAS LICENSED UNDER CLIA 67 OR PARTICPATED IN THE MEDICARE/MEDICAID PROGRAMS. COBOL NAME: CLIA67-IND VALUES: N NO Y YES 10 2055 2064 C SHARED LAB CROSS REFERENCE # PROV4890 SHARED LAB CROSS REFERENCE # COBOL NAME: SHARED-LAB-XREF-NUM SHARED LAB INDICATOR 2065 2065 C PROV4880 SHARED LAB INDICATOR COBOL NAME: SHARED-LAB-IND VALUES: Y YES

```
SURVEY CERTIFICATE SCHEDULE CODE
                                     1
                                                   2066 2066 C
                                                                  PROV4470
    1557 CERTIFICATE SCHEDULE CODE. THIS CODE IS SYSTEM
    GENERATED AND IS BASED ON THE TEST VOLUME AND SPECIAL
    TIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
    CLIA FEES ARE BASED ON THE SCHEDULE CODES.
    COBOL NAME: SURV-CERT-SCHED-CD
    VALUES: A
                                 SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
              В
                                 SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
              С
                                 SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
                                 SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
                                 SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
                                 SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
                                 SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
              G
              Η
                                 SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
              Ι
                                 SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
                                 SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
                                 TOTAL VOLUME: 1 TO 2,000
  SURVEY COMPLIANCE SCHEDULE CODE
                                             1
                                                   2067 2067 C
                                                                  PROV4475
    1557 COMPLIANCE SCHEDULE CODE THIS CODE IS SYSTEM
    GENERATED AND IS BASED ON THE NUMBER OF TESTS AND
    SPECIALTIES ENTERED INTO ODIE FOLLOWING THE SURVEY.
    CLIA FEES ARE BASED ON THE SCHEDULE CODES.
    COBOL NAME: SURV-COMPL-SCHED-CD
    VALUES: A
                                 SPEC COUNT < 4 (2,001 TO 10,000 TOT. VOL.)
                                 SPEC COUNT > 3 (2,001 TO 10,000 TOT. VOL.)
                                 SPEC COUNT < 4 (10,001 TO 25,000 TOT. VOL.)
                                 SPEC COUNT > 3 (10,001 TO 25,000 TOT. VOL.)
* INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000
1DATE: 04/03/2000 POS RECORD LAYOUT
                                                                   PAGE: 18
           CLIA88 LABORATORIES, CATEGORY = "22" (SEE POSITIONS 3-4)
  SHORT DESCRIPTION
                                            LEN START END TYPE SAS NAME
                                 SPEC COUNT > 0 (25,001 TO 50,000 TOT. VOL.)
                                 SPEC COUNT > 0 (50,001 TO 75,000 TOT. VOL.)
                                 SPEC COUNT > 0 (75,001 TO 100,000 TOT. VOL.)
              Η
                                 SPEC COUNT > 0 (100,001 TO 500,000 TOT. VOL.)
              Ι
                                 SPEC COUNT > 0 (500,001 TO 1,000,000 TOT VOL)
                                 SPEC COUNT > 0 (1,000,001 OR MORE TOT. VOL.)
                                 TOTAL VOLUME: 1 TO 2,000
  SURVEY TEST VOLUME TOTAL
                                                   2068 2076 N
                                                                   PROV4460
```

SURVEY TEST VOLUME TOTAL. THE NUMBER OF TESTS PERFORMED

ANNUALLY IN A LABORATORY. THIS INFORMATION IS COLLECTED AT THE TIME OF THE STATE SURVEY AGENCY INSPECTION.

COBOL NAME: SURV-TOT-ANN-TEST-VOL

TERMINATION CODE 2 2077 2078 C PROV5805

THE REASON A LABORATORY'S CLIA CERTIFICATE HAS ENDED

COBOL NAME: TERM-CD

COBOL NAME: TERM-CD	
VALUES: 00	ACTIVE
01	VOL-MERG, CLOSE
02	VOL-REIMBURSE
03	VOL-RISK INVOL
0 4	VOL-OTHER
05	INVOL-FAIL REQ
06	INVOL-AGREEMNT
07	OTH-STATUS CHG
08	NONPAYMENT OF FEES
09	REV/UNSUCCESSFUL PARTICIPATION IN PT
10	REV/OTHER REASON
11	INCOMPLETE CLIA APPLICATION INFORMATION
12	NO LONGER PERFORMING TESTS
13	MULTIPLE TO SINGLE SITE CERTIFICATE
14	SHARED LABORATORY
15	FAILURE TO RENEW WAIVER PPMP CERTIFICATE
16	DUPLICATE CLIA NUMBER
17	UNDELIVERABLE
20	NOTIFICATION BANKRUPTCY
33	LAB NOT AFFILIATED WITH ACCRED ORGANIZATION
99	OIG ACTION - DO NOT ACTIVATE

TOTAL WAIVED TEST VOL 9 2079 2087 N PROV4280

TOTAL WAIVED TEST VOLUMES

COBOL NAME: TOT-ANN-TEST-VOL-WAIVED

^{*} INDICATES THIS FIELD HAS BEEN ADDED OR CHANGED SINCE: 01/04/2000